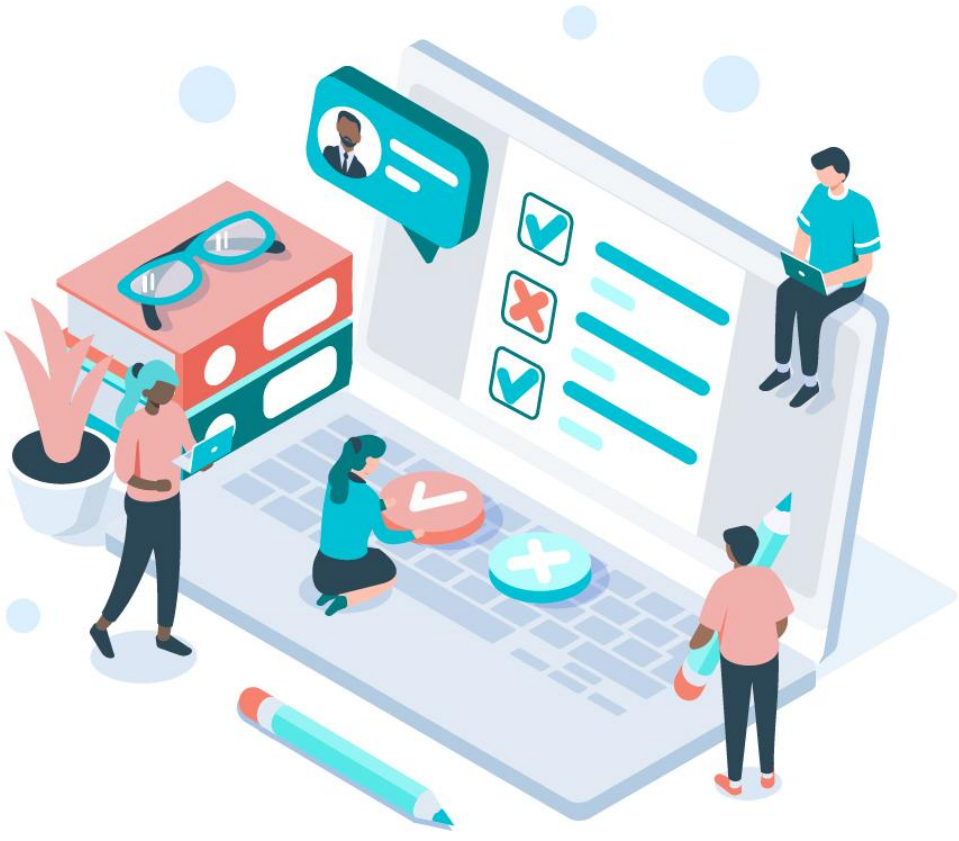
ADPH NE Gambling Harms Programme

North East Gambling Harms Survey

Research report

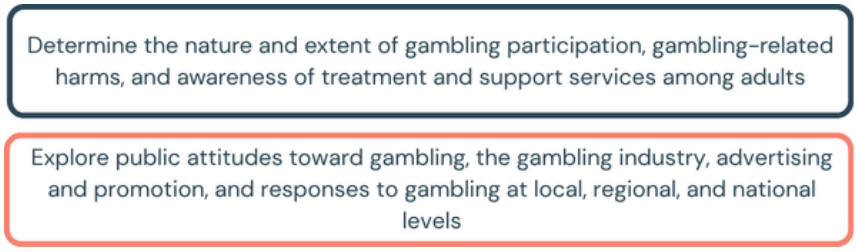
July 2026



Executive summary

The Association of Directors of Public Health North East (ADPH NE) Gambling Harms Programme commissioned Explain Market Research, an independent research provider, to conduct research to understand attitudes and perceptions toward gambling among adults across the 12 local authorities of the North East of England.

The research had two specific objectives:



The findings are based on a survey of 1,576 adults from all 12 local authorities, collected through a combination of online panel, organic online distribution and face-to-face interviewing.

Summary of findings

Participant profile

Local authority	Face-to-face	Online organic	Online panel	Total
County Durham	25	46	174	245
Darlington	25	10	28	63
Gateshead	25	23	57	105
Hartlepool	26	19	23	68
Middlesbrough	25	51	80	156
Newcastle-upon-Tyne	25	42	150	217
North Tyneside	26	62	41	129
Northumberland	25	20	110	155
Redcar & Cleveland	25	10	53	88
South Tyneside	26	14	36	76
Stockton-on-Tees	25	43	41	109
Sunderland	25	66	74	165
Total	**303**	**406**	**867**	**1576**

Gambling Habits

Gambling was a widespread practice across the North East. The most common activities were National Lottery draws (**44%**), scratchcards (**30%**), and other lotteries, raffles and charity draws (**29%**).

Younger adults, particularly those aged 18 to 34, were significantly more likely to participate in online casino games, online slot games and other higher-risk gambling products. Men were also considerably more likely than women to engage in sports betting, casino gambling, videogame gambling and high-risk rapid trading activities.

Although gambling was often occasional, around half of gamblers reported gambling at least weekly, while **11%** gambled daily. Frequent gamblers were significantly more likely to participate in online betting, online casino games, online slot games and videogame gambling.

The main motivations for gambling were to win or make money and for enjoyment or entertainment. However, respondents who gambled more frequently were more likely to report gambling to cope with stress, boredom or difficult emotions, and were more likely to report a loss of control around betting.

Gambling Harms

While most respondents had not experienced negative consequences from gambling, one in four (**25%**) reported having been negatively affected by either their own gambling, someone else's gambling or both.

Groups most likely to report gambling-related harm included:

- Younger adults aged 18 to 54
- People from Black, Asian and Minority Ethnic communities
- Individuals with a disability or long-term health condition
- Daily and high-frequency gamblers.

Gambling-related harms were most commonly linked to financial pressures and emotional wellbeing, including worrying about money, feeling worried or stress and conflict with family or friends.

Awareness of available support was moderate, with just over half of respondents (**55%**) reporting awareness of support services for gambling, while nearly one-third (**32%**) reported that they were unaware of what support existed. Awareness was largely limited to well-known services such as Gamblers Anonymous and GambleAware, suggesting opportunities to improve knowledge of the wider support available.

Attitudes and perceptions

While most respondents supported an individual's right to choose whether to gamble (**72%** agreed), there was also widespread recognition that gambling could cause serious harm (**91%** agreed) and was a risk for children and young people (**82%** agreed). Respondents also expressed low levels of trust in the gambling industry with only **19%** agreeing that the industry can be trusted and treats people fairly.

Statement	NET Agree	Neutral	NET disagree
Gambling can cause serious harm	91%	5%	3%
There are too many opportunities to gamble these days	86%	11%	2%
Gambling is a risk to children and young people	82%	11%	6%
The gambling industry encourages people to gamble too much	76%	14%	8%
People should have the right to gamble if they choose to	72%	19%	6%
The gambling industry does not do enough to keep people safe from harm	66%	18%	11%
Gambling can give people the chance to make money	57%	21%	21%
Gambling can give people hope	42%	22%	34%
People who find it hard to stop gambling can stop if they want to	26%	19%	53%
The gambling industry can be trusted and treats people fairly	19%	25%	52%

Gambling advertising

Exposure to gambling marketing was widespread and frequent. Respondents most frequently reported seeing or hearing gambling promotion through television advertising (**64%**), online advertising (**48%**), social media advertising (**48%**) and sponsorship (**46%**). Almost nine in ten respondents (**87%**) reported seeing gambling advertising at least several times per week. Exposure was particularly high among younger adults through digital channels. Frequent gamblers and those who had experienced gambling-related harm consistently reported greater exposure to advertising across a range of platforms.

Measures

There was consistently high support for a range of preventative and harm-reduction measures, with strongest levels of support recorded for clear warnings on videogames with gambling features (**91%**), reducing children's exposure to gambling and gambling advertising (**90%**) and training gambling venue staff to identify gambling harm (**89%**).

Although opinion was more divided on a complete ban on gambling advertising, a majority of respondents (**53%**) remained supportive of the measure.

Measure	NET agree	Neutral	NET disagree
Video games with gambling features should have clear warnings	91%	6%	2%
Children and young people should see less gambling and fewer gambling adverts	90%	6%	2%
Staff who work in gambling venues should be trained to spot gambling harm	89%	8%	2%
Public health campaigns should help people learn the risks of gambling	87%	9%	3%
There should be stricter rules for gambling adverts	86%	10%	3%
Schools should teach children about gambling and its risks	84%	9%	6%

Health and care workers should be trained to spot gambling harm and know how to help	80%	14%	4%
Gambling sponsorship in sport should be limited	76%	14%	8%
Gambling related harm should be treated as a public health issue, the same as tobacco and alcohol[1]	75%	16%	8%
Gambling adverts should be completely banned	53%	25%	20%

Strategic guidance

Key target demographics

The research identified the following priority audiences for future intervention and engagement:

- Young adults aged 18 to 34
- Daily and high-frequency gamblers
- People experiencing economic vulnerability
- Individuals with disabilities or long-term health conditions
- Ethnic minority communities
- People affected by their own or someone else's gambling.

Recommendations

To maximise the impact of this research, we recommend that you:

- **Prevent harm among young adults and online gamblers by:**
    - Prioritising prevention messaging aimed at younger adults (18-34) via dedicated prevention campaigns
    - Focusing messaging on online gambling, sports betting, casino games and gaming-related gambling products
    - Using digital and social media channels to raise awareness
- **Improve identification and early intervention by:**
    - Embedding gambling harm screening within health services

[1] Please note the smaller base size for this option (N=808).

    - Developing workforce training programmes across local authorities
- **Create campaigns that highlight both direct and indirect harms of gambling**
    - Focus messaging on financial, emotional, health and social impacts of gambling
    - Create tailored interventions for ethnic minority communities, people with disabilities or long-term conditions or economically vulnerable residents
- **Increase awareness and visibility of available support services by:**
    - Developing a regional awareness campaign signposting gambling support services, as well as local and specialist services
    - Increasing promotion of local and specialist services
    - Producing culturally appropriate materials for under-served communities
    - Work with community organisations and trusted intermediaries to reach vulnerable communities
- **Reduce children's and young people's exposure to gambling via**:
    - Education and awareness initiatives
    - School-based gambling harm education, for both children, young people, and parents/carers
    - Campaigns raising awareness of loot boxes and gambling-like gaming mechanics, for both children, young people, and parents/carers
- **Recognise and support 'affected others' by:**
    - Ensuring services explicitly support affected family members/friends
    - Developing communications acknowledging wider household impacts
    - Training practitioners to identify harms among parents/carers and children and young people.

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Introduction

Introduction

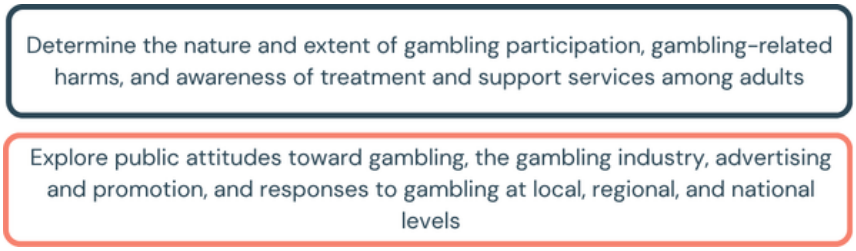
Project background

The Association of Directors of Public Health North East (ADPH NE) Gambling Harms Programme commissioned Explain Market Research to design and deliver a research project to understand attitudes, perceptions, and experiences of gambling among adults across the 12 local authorities of the North East of England.

Objectives

The aim of the research was to gather insights into gambling participation, harms and public attitudes in the North East of England to generate evidence-based recommendations that will inform gambling harm prevention messaging and campaign development across local authorities.

The objectives for this project were as follows:



Methodology

Methodology

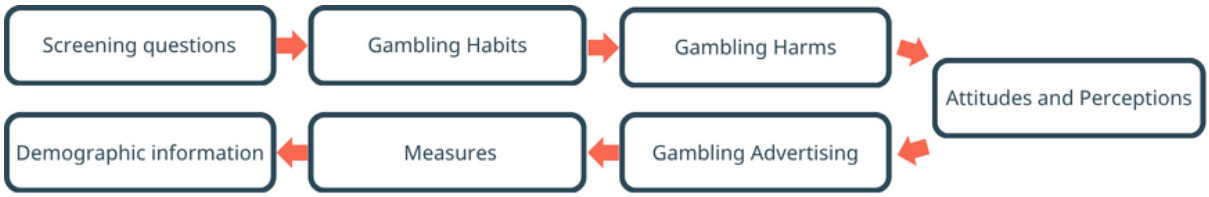
To meet the research objectives, a 10-minute survey of 1,576 respondents was conducted. The survey was designed to robustly assess gambling behaviours, perceptions, views and awareness of gambling harms, and perceptions of the gambling industry and potential measures.

The survey was distributed online and in-person across the 12 local authorities of the North East. The latter approach ensured that the views of people less likely to engage digitally in research were included. The in-person survey was incentivised with respondents receiving a £5 voucher for their participation.

The survey ran over three weeks, from 8th June 2026 to 26th June 2026.

Survey structure and question type

Explain provided input into the draft questionnaire to ensure strong impact and effectiveness. All participants, regardless of method of engagement, were presented with the same survey. The structure of the survey was as follows:



The finalised survey design was scripted into survey software which enabled the utilisation of a range of question styles to ensure that participants remained engaged throughout the survey. The final survey is available in Appendix A.

Sample and quotas

The initial target sample for the surveys was n=1,200 respondents across all 12 local authorities. This base size allowed for robust analysis by key demographic characteristics. Due to the inclusion of the organic sampled survey distributed by ADPH NE Gambling Harms Programme and their relevant contact network, the total sample exceeded n=1,500 responses. Following data cleansing of poor-quality data, the final sample was n=1,576 across three survey methods.

Sampling was tailored for each method:

- The online panel survey utilised quota-based sampling against local authority groupings to ensure geographic representation across the region
- The on-street survey was a balanced sampling approach across all 12 local authorities, with data collection focused on areas of high deprivation in each local authority area
    - Locations were identified in agreement with ADPH NE Gambling Harms Programme, utilising the Index of Multiple Deprivation (IMD) alongside insight on the prevalence of physical gambling premises (provided by the ADPH NE Gambling Harms Programme)
- The organic survey was a natural fallout, which means participation was driven by individuals choosing to respond following awareness of the survey, rather than being quota-based.

While respondent demographics (age, gender, sex, socio-economic group (SEG), ethnicity) fell out naturally, our sampling approach within the panel and on-street surveys was to seek a balance across these, which is reflected in the demographic breakdown later in this report.

In terms of geography, there was a target to achieve 20% participation from individuals who live in communities within the Index of Multiple Deprivation (IMD) deciles 1-3. This was monitored throughout fieldwork via tracking of postcodes. However, the target of 20% was not achieved, resulting in 11% of participants from IMD 1-3. It was ensured that on-street fieldwork took place in areas ranked IMD 1 and 2, however most were high traffic areas to achieve conversion within budget, which limited control over where participants lived. In terms of the online panel survey, it was possible to target based on local authority area, but postcode was too granular to achieve the sample size required. This is explored further in the lessons learnt section. There was no clear correlation between data collection method (i.e. on-street, panel, organic) and participation from IMD deciles 1-3.

Survey data cleaning

All data collected from the online panel provider was cleaned and vetted against rigid standards to remove respondents that flatlined (select the first choice on all scaled question or a series of scaled



questions to complete to survey quicker), speeders (those completing the survey faster than 1/3 of the total average survey length of 10-minutes) and poor verbatim (gibberish, random characters, profanities). Logical inconsistencies were also removed, namely the self-entered postcode area not matching their selected local authority area, as well as those who noted they do not gamble but later gave responses that would indicate participation in gambling.

Notes on analysis

Due to the natural fallout of local authorities across the organic survey and an equal balance within the on-street survey, the observed frequency of local authority areas against their representative target was not equal. In order to ensure representation across these geographies, weighting has been applied to reflect local authority proportions of the overall North East England adult population. A detailed breakdown of unweighted and weighted local authority variables can be found in the participant profile section of this report.

All statistical significance between subgroups across all question options has been calculated using a Z-Test at both a 90% and 95% confidence interval. Against an overall adult population (aged 18 years old or over) 2,121,712 North East England residents, per the 2021 Census, the observed sample of n=1,576 provides a statistically robust margin of error of ±2%.

When reading charts, some percentages may not add up to 100% due to rounding.

Responses to closed questions are reported using NET agreement and disagreement figures. NET disagreement is the overall percentage of those who selected 1 (strongly disagree) or 2 (somewhat disagree). NET agreement is the overall percentage of those who selected 4 (somewhat agree) or 5 (strongly agree).

Responses to the open question are reported based on coded verbatim responses provided by participants. Categories shown as 0% reflect very low response counts that have been rounded. To preserve the integrity of the findings, coding labels have been retained to reflect respondents' verbatims as closely as possible.

Due to an internal software error, the Q15 response option 'Gambling-related harm should be treated as a public health issue, the same as tobacco and alcohol' was not displayed to all

participants. This issue was identified after fieldwork had closed, during the data analysis stage. An internal investigation was undertaken to determine the cause and confirmed that the omission of one response option was due to a survey software error. Following assessment of the issue, a decision was made to retain the question within the analysis as the response rate remained sufficiently robust to provide meaningful insight, with a sample of 808 respondents viewing and rating the option. The issue has been clearly noted within the report to support appropriate interpretation of the findings.

Lessons learnt

A number of lessons have emerged from the project that should be considered in future gambling-related research.

Variation in response rates across local authority areas

While the overall response rate was positive, participation was not evenly distributed across local authority areas. Within the organic survey sample, response rates were notably lower in Darlington (2.5%, n=10), Redcar and Cleveland (2.5%, n=10), and South Tyneside (3.4%, n=14), compared with Sunderland, which accounted for 16.3% of responses (n=66). Similar variation was observed within the panel sample, where Darlington (3.2%, n=28) and Hartlepool (2.7%, n=23) were underrepresented compared with County Durham (20.1%, n=174). If the survey was repeated, a more targeted recruitment strategy in areas with historically lower engagement could help to improve geographical representation and reduce the risk of localised response bias.

Targeting participants living in IMD 1-3 areas

While postcode monitoring enabled ongoing tracking of participation from areas within IMD deciles 1-3, the target of 20% participation was not achieved, with final representation reaching 11%. This suggests that achieving representation from these communities requires recruitment approaches that provide greater control over participants' place of residence. Although on-street fieldwork was conducted in IMD 1 and 2 areas, these locations were selected primarily for footfall and conversion efficiency to remain within budget. For the online survey, targeting could be applied at local authority level, but postcode-level targeting proved too granular to deliver the required sample size. More controlled recruitment methods should be considered for next time, such as door-to-

door surveying on residential streets in IMD 1-3 areas, or utilisation of more community-based outreach.

Survey design and length

Feedback from response patterns suggests that the survey length was appropriate. The questionnaire was sufficiently concise to encourage completion while still allowing the collection of detailed demographic and behavioural information. Achieving a balance between comprehensiveness and respondent burden was important and should remain a key consideration in future survey design.

Nature of respondents

Responses naming gambling support services indicate that some participants might have had a particular professional or personal interest in gambling-related issues. While this provided valuable insight from informed respondents, future surveys should consider whether the objective is to capture views from those with greater awareness of gambling harms and support services, or to obtain a broader representation of the general population. Additional recruitment methods may be required depending on the intended audience.

Opportunities for more qualitative insight

Although the survey generated valuable quantitative findings, there was limited opportunity for respondents to explain the reasons behind their views and behaviours. This was a deliberate choice to keep the survey straightforward and easy to complete, however, including additional open-text questions could provide richer insights into gambling experiences, motivations and perceptions, helping to contextualise statistical findings next time.

Areas for future research

Some additional topics emerged during analysis that could be explored in future research:

- Whether gambling participation has increased or decreased over the previous 12 months, and the factors driving any changes

- Whether respondents have ever sought formal support or treatment for gambling-related issues
- Public perceptions of gambling-like gaming products, particularly loot boxes, given the strong support identified for greater restrictions in this area
- The extent to which respondents encounter gambling advertising through gaming platforms and online environments
- The influence of advertising on gambling behaviour, including whether exposure to advertising has encouraged individuals to gamble.



Participant profile

Participant profile

The overall number of participants in the research per demographic variable is summarised below.

Infographics of the demographic data are available in Appendix B.

	Unweighted		Weighted	
	Count	%	Count	%
Gender				
Male	736	47%	732	46%
Female	809	51%	814	52%
Non-binary	14	1%	14	1%
Another gender	1	0%	1	0%
Prefer to self-describe	2	0%	2	0%
Prefer not to say	10	1%	10	1%
Sex				
Male	742	47%	737	47%
Female	816	52%	820	52%
Intersex	2	0%	2	0%
Prefer not to say	12	1%	13	1%
Age				
18-24	104	7%	99	6%
25-34	319	20%	301	19%
35-44	289	18%	281	18%
45-54	278	18%	280	18%
55-64	287	18%	300	19%
65-74	208	13%	218	14%

75+	91	6%	96	6%
Local authority				
County Durham	245	16%	314	20%
Darlington	63	4%	64	4%
Gateshead	105	7%	117	7%
Hartlepool	68	4%	54	3%
Middlesbrough	156	10%	82	5%
Newcastle-upon-Tyne	217	14%	180	11%
North Tyneside	129	8%	124	8%
Northumberland	155	10%	195	12%
Redcar & Cleveland	88	6%	81	5%
South Tyneside	76	5%	88	6%
Stockton-on-Tees	109	7%	114	7%
Sunderland	165	10%	163	10%
Local authority - Grouped				
Durham	245	16%	314	20%
Tyne and Wear	692	44%	672	43%
Teesside	484	31%	395	25%
Northumberland	155	10%	195	12%
IMD				
1	0	0	0	0
2	8	1%	10	1%
3	148	9%	152	10%
4	465	30%	386	25%
5	954	61%	1027	65%

6	0	0	0	0
7	1	0%	1	0%
Ethnicity				
White - English/Welsh/Scottish/ Northern Irish/British	1322	84%	1344	86%
White - Irish	12	1%	11	1%
White - Gypsy or Irish Traveller	9	1%	8	0%
White - Roma	2	0%	2	0%
White - Other White background	33	2%	32	2%
Mixed - White and Black Caribbean	3	0%	3	0%
Mixed - White and Black African	5	0%	5	0%
Mixed - White and Asian	11	1%	12	1%
Mixed - Other Mixed/Multiple background	7	0%	7	0%
Asian - Indian	17	1%	17	1%
Asian - Pakistani	16	1%	14	1%
Asian - Bangladeshi	9	1%	8	1%
Asian - Chinese	9	1%	9	1%
Asian - Other Asian background	7	0%	6	0%
Black - African	80	5%	63	4%
Black - Caribbean	6	0%	7	0%
Black - Other Black background	5	0%	5	0%
Other ethnic group - Arab	2	0%	2	0%
Other ethnic group - Any other background	4	0%	3	0%
Prefer not to say	12	1%	12	1%
Ethnicity - Grouped				

White	1378	87%	1396	89%
Ethnic minority	177	11%	160	10%
Other	4	0%	3	0%
Prefer not to say	12	1%	12	1%
Disability or long-term condition				
Yes	373	24%	373	24%
No	1161	74%	1159	74%
Prefer not to say	33	2%	33	2%
Employment status				
Employed or self-employed full time	771	49%	762	48%
Employed or self-employed part time	216	14%	216	14%
Unemployed and seeking work	55	3%	53	3%
Unemployed and not seeking work	73	5%	73	5%
Student	35	2%	34	2%
Long-term sick/disabled	69	4%	67	4%
Retired	299	19%	314	20%
Homemaker/carer	28	2%	27	2%
Other	4	0%	4	0%
Prefer not to say	25	2%	24	1%
Annual household income				
£0 to £11,399	123	8%	123	8%
£11,400 to £16,199	103	7%	103	7%
£16,200 to £21,599	93	6%	94	6%
£21,600 to £26,999	131	8%	129	8%
£27,000 to £33,599	176	11%	177	11%

£33,600 to £40,199	144	9%	149	10%
£40,200 to £47,999	117	7%	116	7%
£48,000 to £59,999	148	9%	149	9%
£60,000 to £79,199	157	10%	158	10%
£79,200 or more	178	11%	177	11%
Prefer not to say	200	13%	194	12%
Income per regional median				
Below regional median	626	40%	627	40%
At regional median	144	9%	149	9%
Above regional median	600	38%	600	38%
Prefer not to say	200	13%	194	12%
Housing situation				
Owner-occupier	871	55%	885	56%
Renting from a private landlord	272	17%	267	17%
Renting from the council or a housing association	237	15%	239	15%
Living with family or friends	144	9%	137	9%
Living in temporary accommodation	14	1%	12	1%
Homeless / no fixed address	3	0%	3	0%
Prefer not to say	32	2%	30	2%
Survey type				
Face-to-face	303	19%	300	19%
Online – panel	867	55%	884	56%
Online – organic	406	26%	392	25%

Research insights

Research insights

Gambling habits

Summary of findings

Lottery products dominated gambling habits, with most gambling taking place weekly or less often. Motivations were primarily financial and recreational, although higher-frequency gamblers were more likely to report stress-related and compulsive motivations.

Gambling activities

- Gambling habits were mainly centred around low-risk and mainstream practices (e.g., lotteries (**44%**) and scratchcards (**30%**)
- Online gambling was an important channel, exceeding in-person participation for several activities
- Younger adults and men were more likely to engage in higher-risk and online gambling activities

Gambling frequency

- Most gambling activity was moderate in frequency, with daily gambling limited to a minority of respondents (**11%**)
- Men were more likely to gambling daily or weekly while other genders were more likely to not have gambled in the previous month
- Indicators of gambling-related harms were more likely to appear among daily gamblers

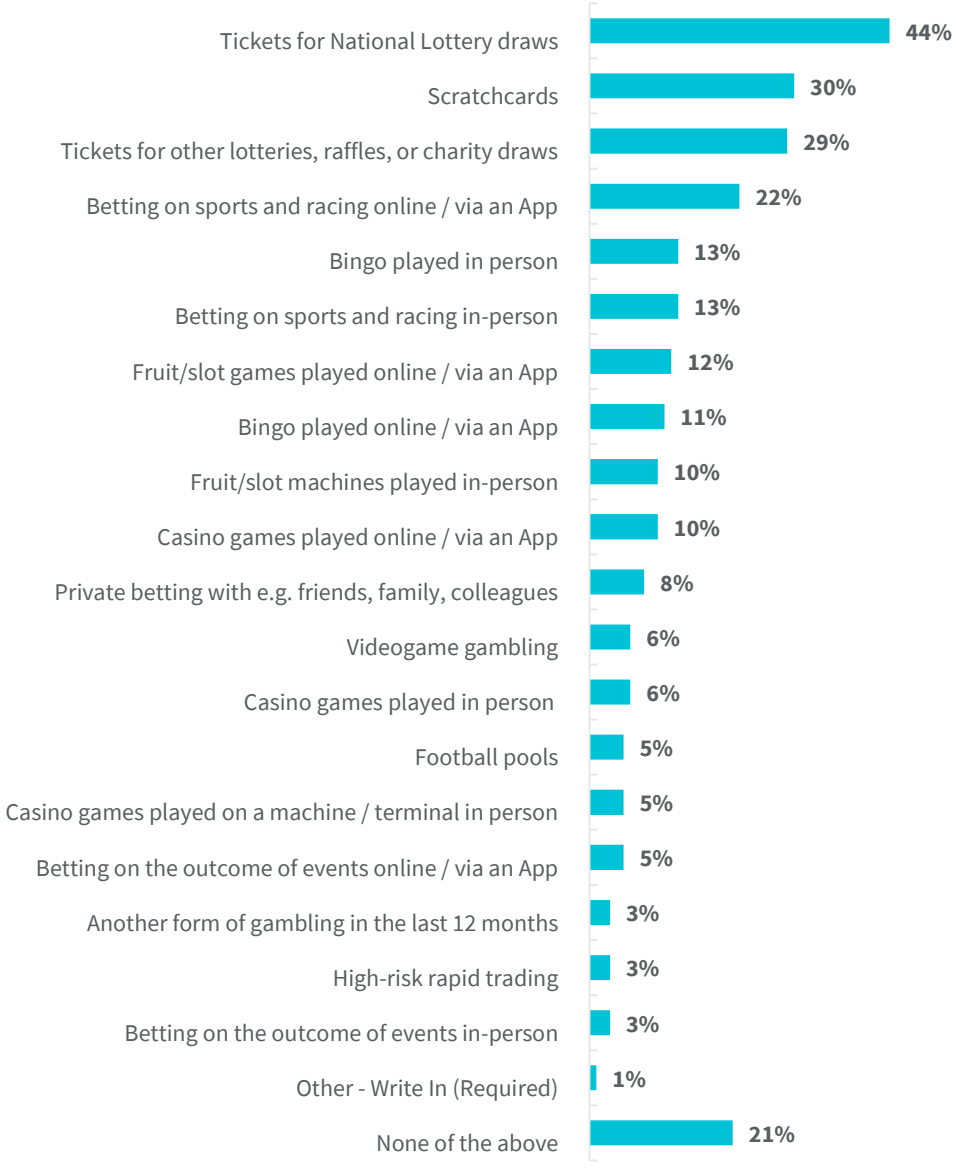
Gambling motivations

- Gambling was mainly motivated by money gain or entertainment rather than by compulsive or dependency-related factors.
- Social and boredom-related motivations were secondary
- Compulsive motivations were uncommon overall but became significantly more prevalent among daily gamblers and those reporting gambling-related harm

Detailed findings

Question 4. In the last 12 months, which of the following activities have you spent money on either online or in person?

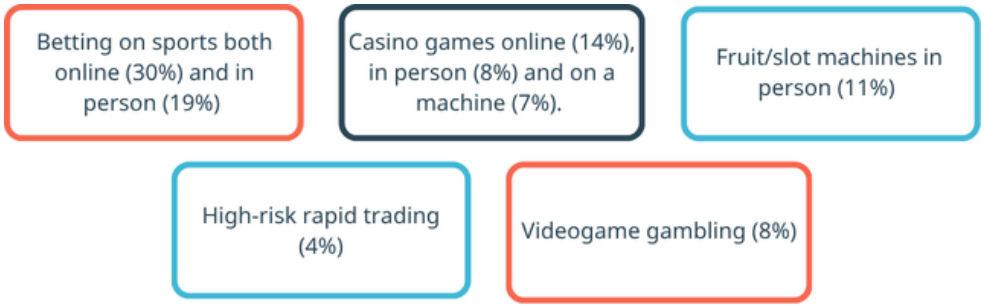
Figure 1: In the last 12 months, which of the following activities have you spent money on either online or in person? (N=1,576)[2]



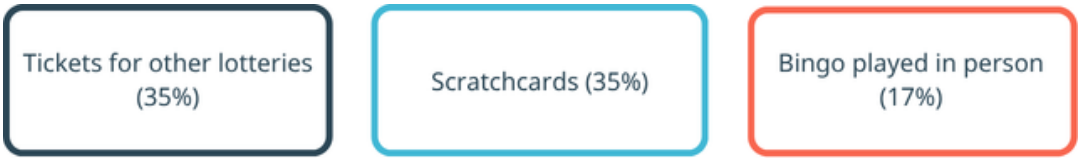
[2] Full data labels are available in Appendix C.

National Lottery tickets were the most common gambling activity for participants in the past 12 months (44%), followed by scratchcards (30%) and other lotteries, raffles and charity draws (29%). Online gambling generally attracted higher participation than in-person formats, particularly for sports betting (22% online and 13% in person) and casino games (10% online and 6% in person). Engagement in higher-risk or niche activities, such as cryptocurrency trading (3%) and event betting (3% in person and 5% online), were low. Over one in five respondents (21%) reported that they had not spent money on any of the listed gambling activities during the past year.

National lottery tickets were significantly more likely to be purchased by participants aged 55-64 (56%) and 65-74 (57%). In contrast, participants aged 18-24 were significantly more likely to take part in casino games online (27%), casino games in person (18%) and fruit/slot games online or via an app (28%) than all other age groups. Participants identifying as male were significantly more likely than female participants to take part in the following activities:



In contrast, female participants were significantly more likely to take part in the following activities:

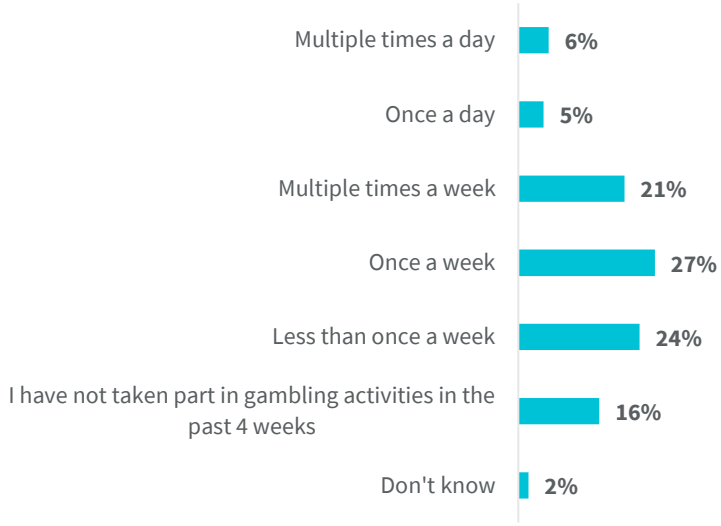


Participants who had gambled multiple times a day over the past four weeks were significantly more likely to engage in online sports betting (59%) and online casino games (38%). Participants who had gambled at least once a day were significantly more likely to engage in playing bingo online (32% for multiple-times a day player and 34% for once a day), fruit/slot games online (31% for

multiple-times a day players and 32% for once-a-day players) and videogame gambling (20% for multiple-times a day players and 15% for once-a-day players).

Question 5. In the past 4 weeks, how often have you taken part in any gambling activities?

Figure 2: In the past 4 weeks, how often have you taken part in any gambling activities? (N=1,247)



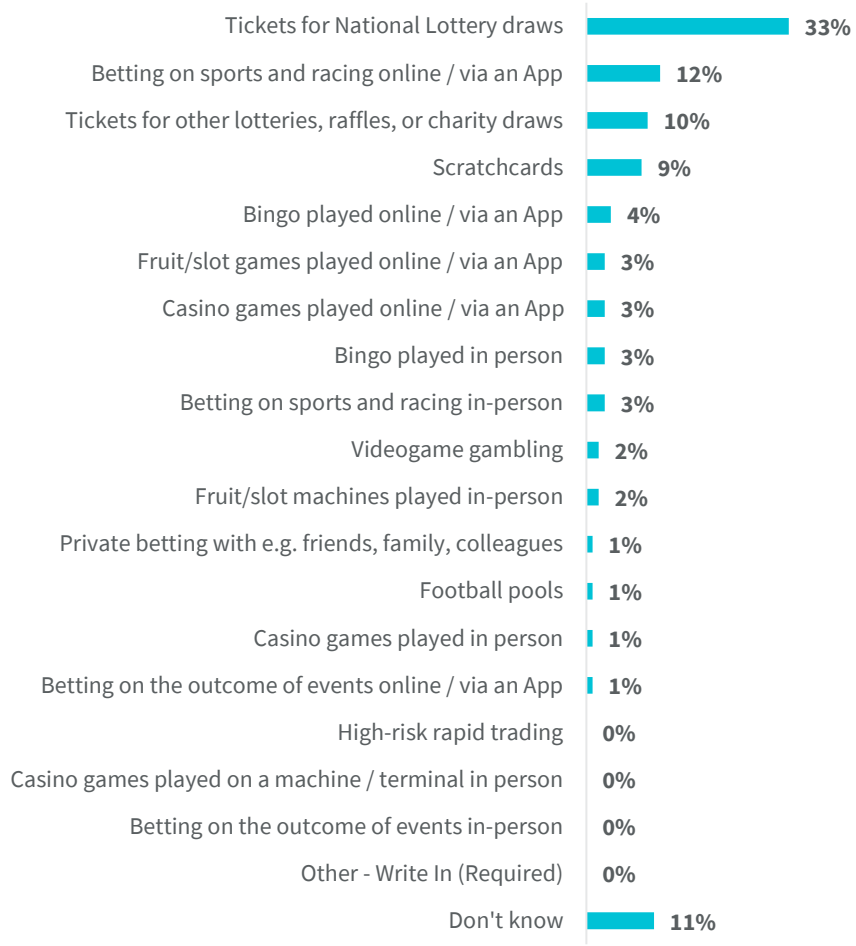
Over a quarter of respondents took part in gambling activities once a week (27%) and 24% stated that they did so less than once a week. Gambling was most undertaken weekly, with 47% taking part at least once a week. Daily gambling was much lower, at 11%.

NET weekly gambling (once a week or multiple times a week) was significantly higher among those aged 45 to 75+ (between 50% and 59%) compared to those aged 25-34 (33%). Participants aged 25-34 were significantly more likely to report not gambling in the past 4 weeks (25%) than other age groups. Male participants were significantly more likely to gamble NET weekly (53% vs 42% for female participants) and daily (14% vs 9% for female participants). Female and non-binary participants were significantly more likely to report no gambling participants in the past four weeks (20% of female and 35% of non-binary participants vs 11% of male). NET unemployed respondents were significantly more likely to gamble at least once a day (21%) than NET employed respondents (10%).

Respondents reporting being impacted by gambling in a negative way were significantly more likely to gamble at least once a day (21%) than respondents reporting no impact (7%).

Question 6. In the past 4 weeks, which gambling activity did you take part in most often?

Figure 3: In the past 4 weeks, which gambling activity did you take part in most often? (N=1,258)[3]



In the past four weeks, respondents most often purchased tickets for National Lottery draws (33%). Betting on sports and racing online was the second most practiced gambling activities in the past four week, with a notable drop at 12%.

[3] Full data labels are available in Appendix C.

Among those who had participated in National Lottery draws in the past 12 months (44% of all respondents), 61% said this was the gambling activity they took part in most often. This suggests that National Lottery participation was both widespread and a regular gambling activity. Online betting on sports and racing was less common overall, with 22% of respondents reporting participation in the past 12 months. However, among those who had taken part, 44% identified it as the gambling activity they engaged in most often, suggesting it was more likely to be a primary gambling activity for participants.

In contrast, only 28% of those who reported they took part in tickets for other lotteries, raffles, or charity draws in the past 12 months (29%) reported that this was their most participated in gambling activity in the past 4 weeks. This suggests tickets for other lotteries was less likely to be a regular or primary form of gambling. Similarly, 25% of those who reported they took part in scratchcards in the past 12 months (30%) reported that this was their most practiced activity in the past four weeks.

Question 7. I take part in these gambling activities… [please select all that apply]

Figure 4. I take part in gambling activities... (N=1,576)



Gambling was overall motivated by money or entertainment, with almost half of the participants (48%) stating that they gamble to win or make money and 42% of participants gambling for enjoyment and fun. A smaller proportion of respondents cited social reasons (13%), passing time or escaping boredom (12%), or the challenge and competition (12%). In contrast, only 4% of participants gambled because of worrying about not winning if not playing, and only 3% gambled because of a feeling of need or loss of control. Other reasons for gambling included supporting charities (39 respondents), gambling as part of a game (four respondents) or gambling for big wins (three respondents).

Younger adults were more likely to report negative motivations for gambling. Participants aged 25-34 and 35-44 were significantly more likely to gamble to relax or cope with stress/emotions (12% and 11% respectively vs 4% for both 65-74 and 75+). Participants aged 25-34 were also more likely to gamble because they were worried about not winning if they did not play (9%) than groups aged over 35 (between 1% and 4%). Participants aged 65-74 were significantly less likely to gamble for social reasons (6%) than those under 54 (between 13% and 17%). Those aged 55 to 74 were significantly less likely to gamble because they felt a loss of control (between 0% and 1%) than those aged 18 to 54 (between 5% and 6%).

Respondents who were employed were significantly more likely to gamble to win or make money (53%) or for enjoyment (46%) than respondents who were unemployed (41% and 36% respectively). However, unemployed respondents were significantly more likely to gamble to pass time and escape boredom or to relax or cope with stress (20% for both) than employed respondents (12% and 8% respectively).

Participants who took part in gambling activities daily were significantly more likely to gamble to relax or cope with stress/emotions or because they felt a need or loss of control (29% and 15% respectively) than participants who gambled less than once a week (4% and 2 % respectively).

Participants who reported being impacted negatively by gambling were significantly more likely to gamble because they were worried about not winning if they did not play or because they felt a need or loss of control (11% for both) than participants who did not report any negative impact from gambling (2% and 1% respectively).

Gambling Harms

Summary of findings

One in four respondents had experienced gambling-related harm, most commonly through financial and emotional impacts. Awareness of support services was moderate (**55%**), with knowledge concentrated around Gamblers Anonymous and GambleAware

Gambling harms

- **74%** of respondents reported no gambling-related harm, but around **one in four** have experienced some form of harm
- Harm caused by someone else's gambling (**14%**) was more common than harm from respondents' own gambling (**9%**)
- Harm was significantly more concentrated among certain groups, in particular frequent gamblers (**34%** of daily gamblers)
- The most common impacts of gambling were financial (**54%** worried about money) and emotional (**43%** felt worried, stressed or low)

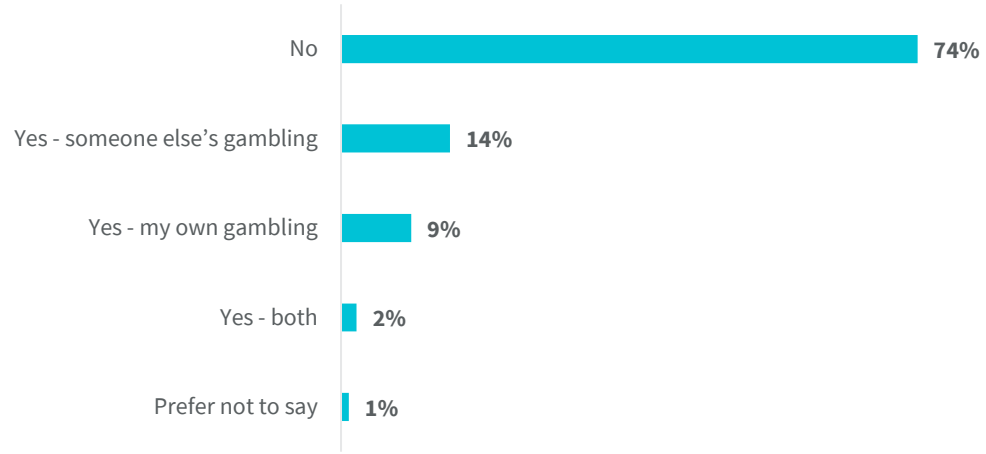
Gambling support

- A majority of respondents were aware of gambling support (**55%**), but a third of respondents (**32%**) were not aware of available support
- Awareness was highest among those most affected by gambling problems, particularly people who have experienced gambling harm (**63%**) and daily gamblers (**66%**)
- Most recognised support services were Gamblers Anonymous (**26%**) and GambleAware (**23%**)

Detailed findings

Question 8. Has gambling (your own or someone else's) ever had a negative impact on your life?

Figure 5: Has gambling (your own or someone else's) ever had a negative impact on your life? (N=1,576)



Almost three quarters of respondents (74%) had never experienced a negative impact from gambling. However, one quarter of respondents (25%) reported experiencing a negative impact from either someone else's or their own gambling or both. Negative impacts were more likely to have resulted from someone else's gambling (14%) than from their own gambling (9%).

Gambling harm was particularly felt among younger adults, with participants aged 55 and above significantly less likely to be report negative impacts from any gambling (between 10% and 17%) than groups aged 18 to 54 (between 27% and 41%).

Male participants were significantly more likely to report harm from their own gambling (12% vs 6% for female respondents), while female and non-binary participants were more likely to report harm from someone else's gambling (15% and 34% respectively vs 11% for male respondents).

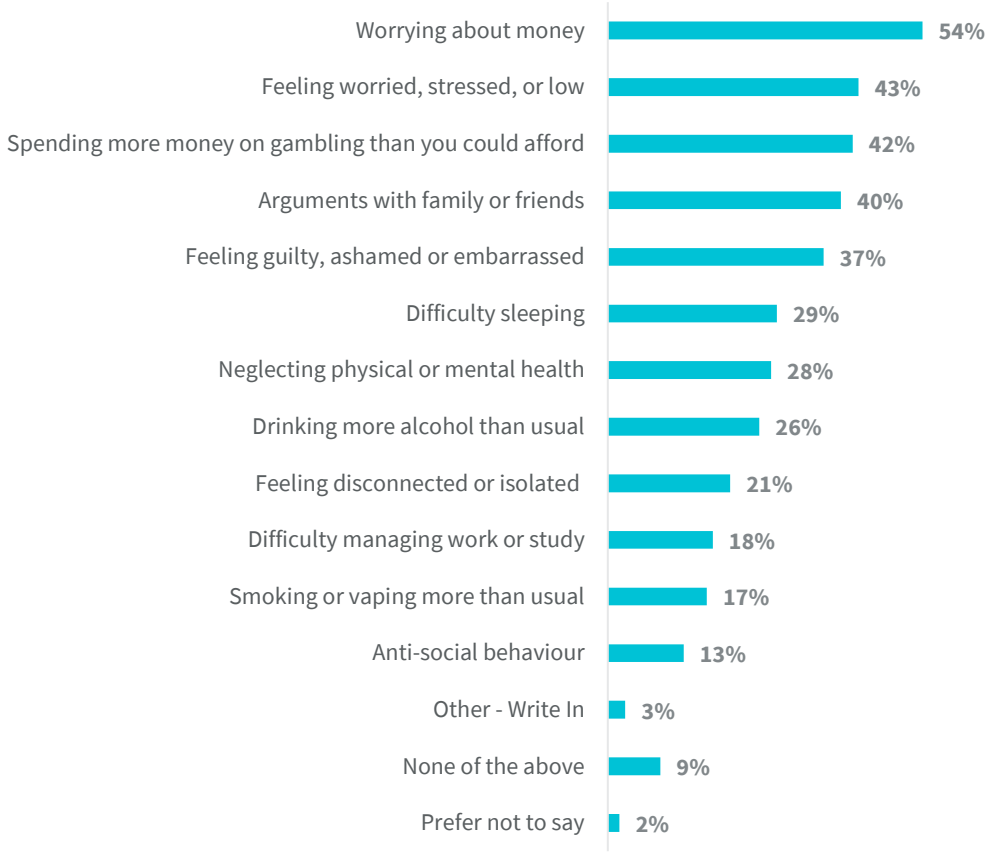
Ethnic minority respondents were significantly more likely to be impacted negatively by any gambling (44% vs 23% of White respondents). Participants with a disability or long-term health

condition were significantly more likely to report gambling-related harm (32% vs 23% for participants who did not have a disability or long-term illness).

Participants who gambled at least once a day were significantly more likely to experience gambling harms (49%) than any other group, including those who gambled weekly (27%).

Question 9. Thinking about gambling (your own or someone else's), have you ever experienced any of the following impacts?

Figure 6: Thinking about gambling (your own or someone else's), have you ever experienced any of the following impacts? (N=397)[4]

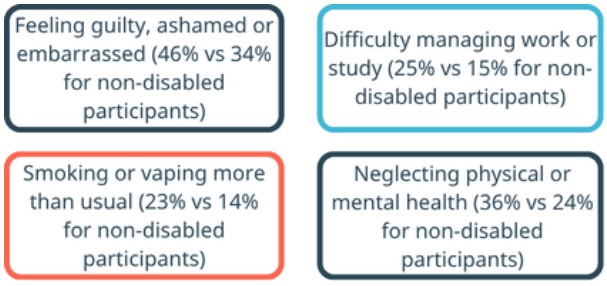


[4] Full data labels are available in Appendix C.

The impact of gambling was most commonly related to financial concerns and emotional wellbeing. Worrying about money was the most frequently reported impact (54%), followed by feeling worried, stressed or low (43%), spending more money on gambling than could be afforded to lose (42%) and arguments with family or friends (40%). Over a quarter of respondents reported difficulty sleeping (29%) and neglecting their physical and mental health (28%) due to gambling. Those aged 18-24 were significantly less likely to be impacted by these (13% reported difficulty sleeping and 10% neglecting physical or mental health). Anti-social behaviour (13%) was the least cited impact. Other impacts cited included impact on mental health (three respondents) or suicide (one respondent).

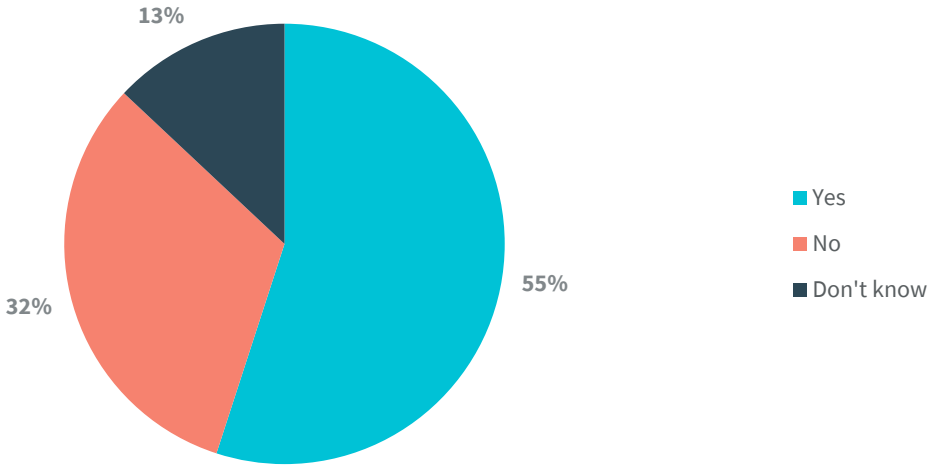
Female participants were significantly more likely to report arguments with family or friends (46%) than male respondents (34%). However, they were significantly less likely to report drinking more alcohol than usual (17% vs 35% for male respondents) or neglecting their physical or mental health (23% vs 33% for male respondents).

Participants with disabilities or long-term health conditions were significantly more likely to report the following negative impacts:



Question 10. Are you aware of what support is available for people who may be struggling with gambling?

Figure 7: Are you aware of what support is available for people who may be struggling with gambling? (N=1,576)



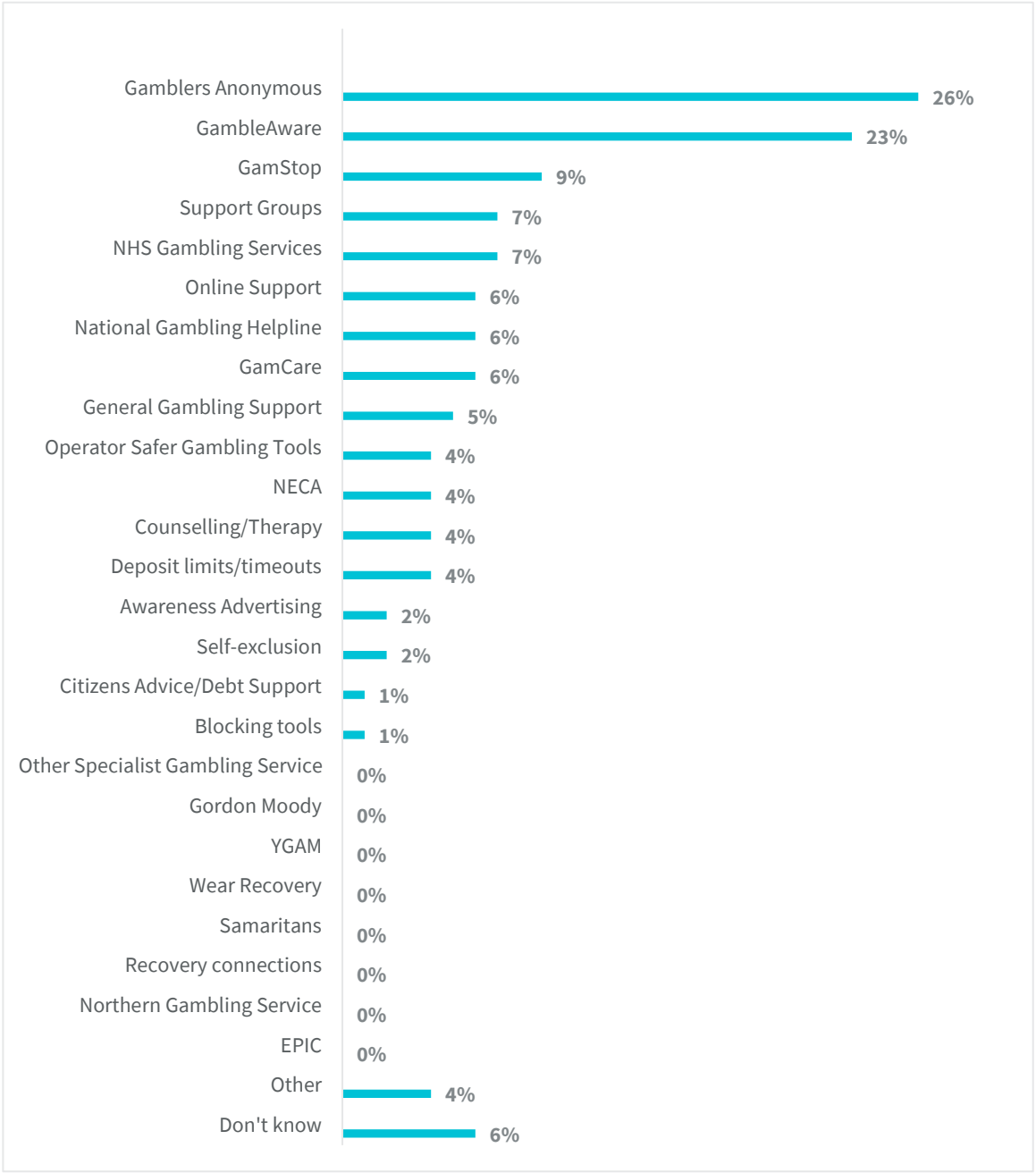
Just over half of respondents (55%) were aware of the support available for people who may be struggling with gambling. A substantial minority reported a lack of awareness, with 32% stating they were not aware of available support.

Respondents who had experienced the negative impact of their own gambling were significantly more likely be aware of support available (74%). Respondents who gambled daily were significantly more likely to be aware of support available (66%).

Respondents living in Tyne and Wear were significantly more likely to be aware of support available (59%) than respondents living in Northumberland (48%). Ethnic minority respondents were significantly less likely to be aware of support available (41% vs 57% for White respondents).

Question 11. What support/services are you aware of?

Figure 8: What support/services are you aware of? (N=866)[5]



[5] Please note, all services and support types included in the graph were referenced by respondents. Themes reported as 0% were mentioned by a very small number of respondents. For example, Wear Recovery was mentioned by three respondents, which rounds to 0% when converted to a percentage.

Awareness of gambling support was concentrated around two main services, with more than a quarter of respondents (26%) mentioned Gamblers Anonymous, and 23% of respondents mentioned GambleAware. Awareness of other specialist or general services and safer gambling tools remained below 10%. 6% of respondents did not know a specific support service.

Respondents aged 45-75+ were significantly more likely to mention Gamblers Anonymous (33% to 40%) than younger age groups. In contrast, those aged 18-44 were significantly more likely to mention GamStop (13% to 18%) than older age groups.

Respondents identifying as male were significantly more likely to mention GambleAware (27%) than female respondents (19%). In contrast, female respondents were significantly more likely to mention support groups (9%) than male respondents (5%).

Those who had not gambled in the previous four weeks were significantly more likely to mention NECA (11%) than those who had gambled daily (0%). Those who had been impacted by gambling were significantly more likely to be aware of GamStop (14%) than those who had not (8%). In contrast, those who had not been impacted by gambling were significantly more likely to mention GambleAware (26%) and Deposit limits/timeouts (5%) than those who had been impacted (14% and 2% respectively).

Attitudes and perceptions

Summary of findings

Attitudes towards gambling were mixed, with respondents strongly supporting personal choice, but widespread concerns about gambling-related harm and the practices of the gambling industry.

Support for personal choice

- **72%** agree that people should have the right to gamble if they choose to

Despite concerns around gambling harms

- **91%** agree that gambling can cause serious harm
- **82%** agree that gambling is a risk to children and young people
- **86%** agree there are too many opportunities to gamble nowadays
- **53%** disagree that people who find it hard to stop gambling can stop if they want to

Mixed views on the positives of gambling

- **57%** agree gambling can give people the chance to make money
- **42%** agree that gambling can give people hope

And mixed views of the industry

- **52%** disagree that the gambling industry can be trusted and treats people fairly
- **76%** agree that the gambling industry encourages people to gamble too much
- **66%** agree that the gambling industry does not do enough to keep people safe from harm

Detailed findings

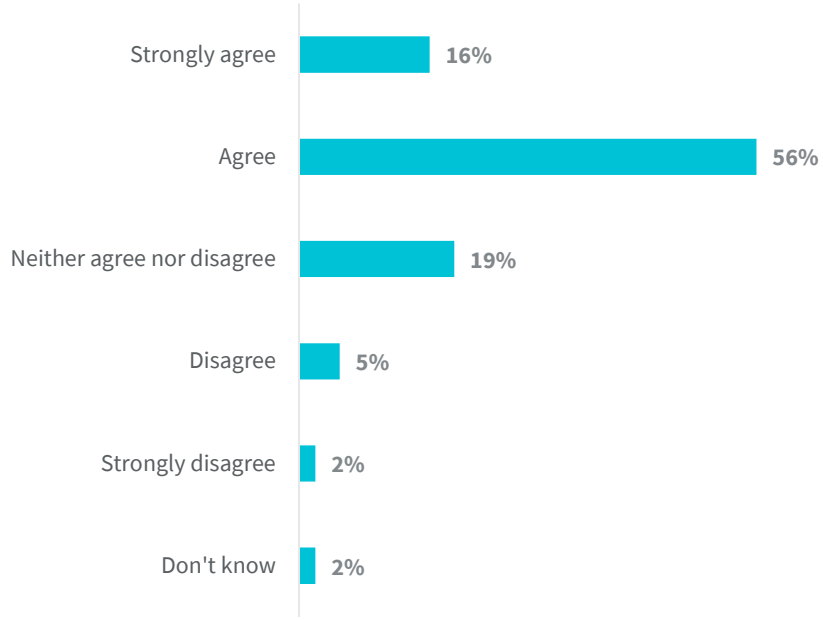
Question 12. To what extent do you agree with the following statements?

Figure 9: Question 12 summary table

Statement	NET Agree	Neutral	NET disagree
Gambling can cause serious harm	91%	5%	3%
There are too many opportunities to gamble these days	86%	11%	2%
Gambling is a risk to children and young people	82%	11%	6%
The gambling industry encourages people to gamble too much	76%	14%	8%
People should have the right to gamble if they choose to	72%	19%	6%
The gambling industry does not do enough to keep people safe from harm	66%	18%	11%
Gambling can give people the chance to make money	57%	21%	21%
Gambling can give people hope	42%	22%	34%
People who find it hard to stop gambling can stop if they want to	26%	19%	53%
The gambling industry can be trusted and treats people fairly	19%	25%	52%

Respondents were most likely to agree that gambling could cause serious harm (91%), that there were too many opportunities to gamble (86%), and that gambling posed a risk to children and young people (82%), with very low levels of disagreement across these measures. In contrast, the lowest levels of agreement were recorded for trust in the gambling industry (19%) and the belief that people who struggled to stop gambling could do so if they wanted to (26%), both of which attracted majority disagreement (52% and 53% respectively). Views on whether gambling could provide hope were also mixed, with 42% agreeing and 34% disagreeing.

Figure 9.1: People should have the right to gamble if they choose to (N=1,576)



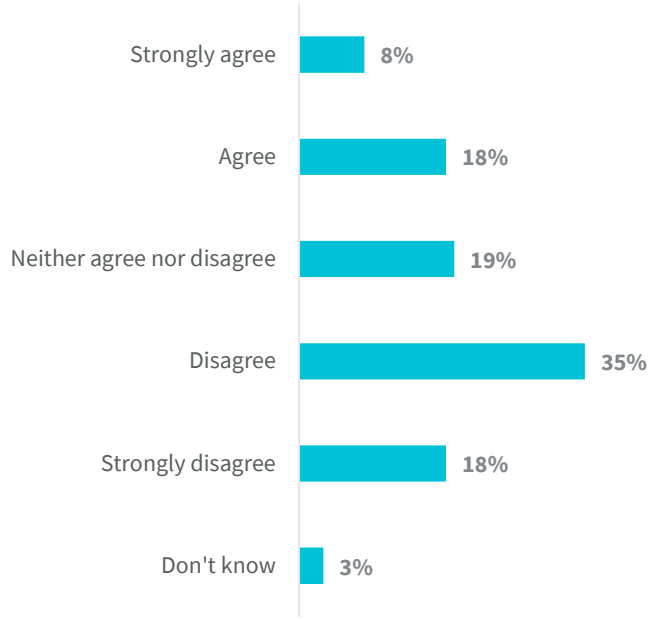
There was strong support for individual choice, with 72% of participants agreeing with 'People should have the right to gamble if they choose to'. Only 6% of participants disagreed with the statement. The mean score was 3.8 out of 5.

Respondents from Northumberland were significantly more likely to disagree (12%) with the statement than all the other grouped local authorities. Respondents identifying as male were significantly more likely to agree with the statement (79%) than those identifying as female (67%). Ethnic minority respondents from the were also more likely to disagree with the statement (11%) than White respondents (6%).

Gambling habits influenced the participants' responses. Respondents who participated in gambling activities weekly were significantly more likely to agree with the statement (80%) than participants who did not participate in gambling (69%).

Similarly, participants who had been negatively impacted by gambling were significantly more likely to disagree with the statement (10%) than participants who had not (5%).

Figure 9.2: People who find it hard to stop gambling can stop if they want to (N=1,576)

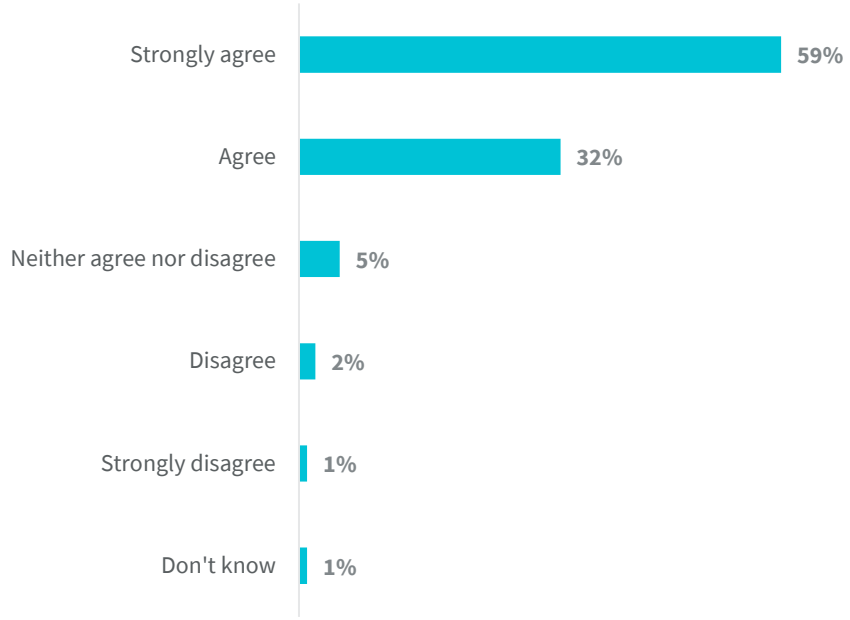


Overall people disagreed with 'People who find it hard to stop gambling can stop if they want to', with 53% of participants disagreeing and 26% of people agreeing. The mean score for this statement was 2.6 out of 5.

Respondents aged 18 to 44 were significantly more likely to agree with the statement (between 29% and 32%) than respondents aged 65-74 (18%). Respondents identifying as female were significantly more likely to disagree with the statement (57%) in comparison to respondents identifying as male (48%). Ethnic minority respondents were significantly more likely to agree with the statement (39%) than White respondents (24%).

Gambling was again a significant factor in this question. Respondents who gambled daily or weekly were significantly more likely to disagree with the statement (43% and 48% respectively) than those who did not gamble (61%). Respondents who had been negatively affected by gambling were also significantly more likely to agree with the statement (31%) than those who had not (24%).

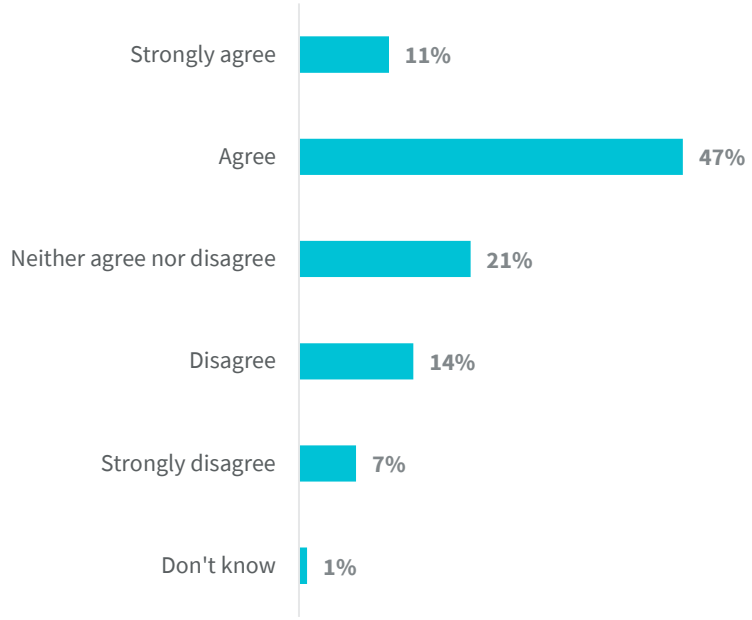
Figure 9.3: Gambling can cause serious harm (N=1,576)



There was overwhelming agreement that gambling can cause serious harm, with 91% of participants agreeing and only 3% disagreeing. The statement achieved a mean score of 4.5 out of 5.

Participants who had not recently taken part in gambling were significantly more likely to agree with the statement (94%) than respondents who had participated in gambling daily (84%).

Figure 9.4: Gambling can give people the chance to make money (N=1,576)

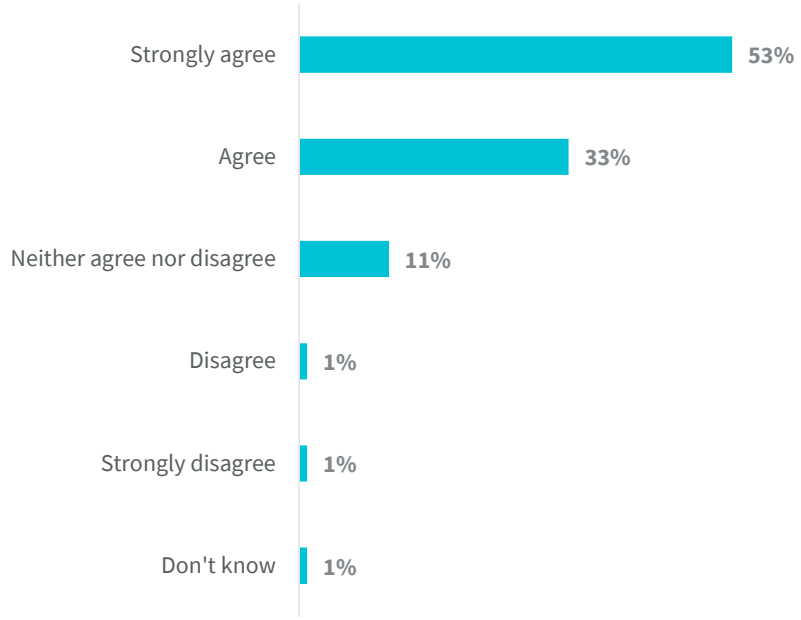


A majority of respondents (57%) agreed that gambling can give people the chance to make money, although 21% disagreed and 21% neither agreed nor disagreed. The statement achieved a mean score of 3.4 out of 5.

Participants aged 65-74 were significantly less likely to agree with the statement (46%) than those 18 to 64 (between 56% and 67%). Participants identifying as male were significantly more likely to agree (65%) than those identifying as female (51%).

Respondents who had participated in gambling daily were significantly more likely to agree with the statement (74%) than those who had not recently gambled (51%). Respondents who had not been negatively impacted by gambling were significantly less likely to agree with the statement (56%) than those who had been impacted by their own gambling (71%).

Figure 9.5: There are too many opportunities to gamble these days (N=1,576)

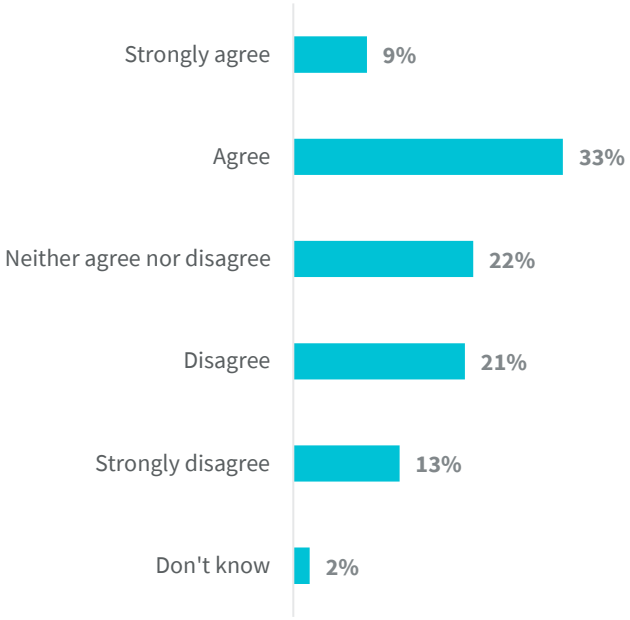


Most respondents (86%) agreed that there are too many opportunities to gamble, while only 2% disagreed. The statement achieved a mean score of 4.4 out of 5.

Respondents who had not recently taken part in gambling activities were significantly more likely to strongly agree with the statement (58%) than those who gambled daily (44%) or weekly (48%).

Respondents who had been impacted negatively by gambling were significantly more likely to agree with the statement (90%) than those who had not (85%).

Figure 9.6: Gambling can give people hope (N=1,576)

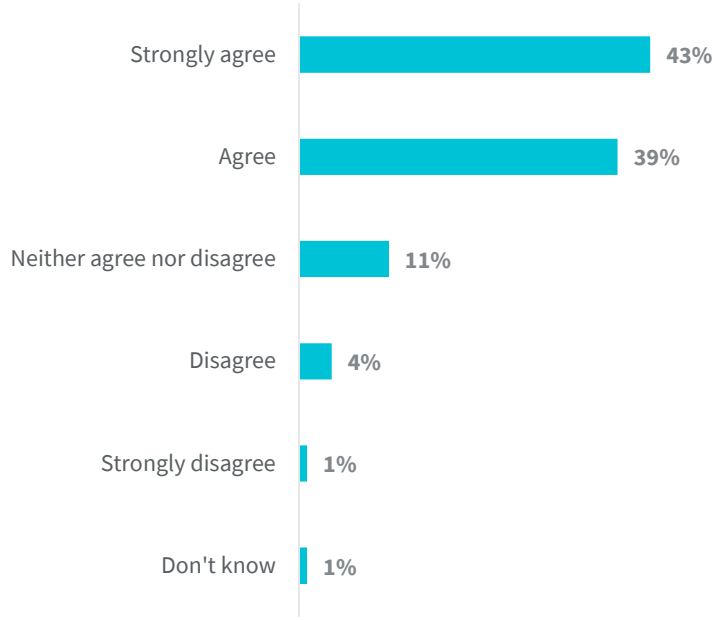


Opinion was divided on whether gambling can give people hope, with 42% agreeing and 34% disagreeing. The statement achieved a mean score of 3.1 out of 5.

Participants living in Tyne and Wear were significantly more likely to disagree with the statement (38%) than those living in Durham (28%). Ethnic minority respondents were significantly more likely to agree with the statement (51%) than White respondents (42%).

Respondents who had gambled daily or weekly in the past four weeks were significantly more likely to agree with the statement (respectively 56% and 53%) than those who had gambled less than once a week (39%) or not gambled (34%). Those impacted negatively by gambling were more likely to agree with the statement (47%) than those who had not been impacted (41%).

Figure 9.7: Gambling is a risk to children and young people (N=1,576)

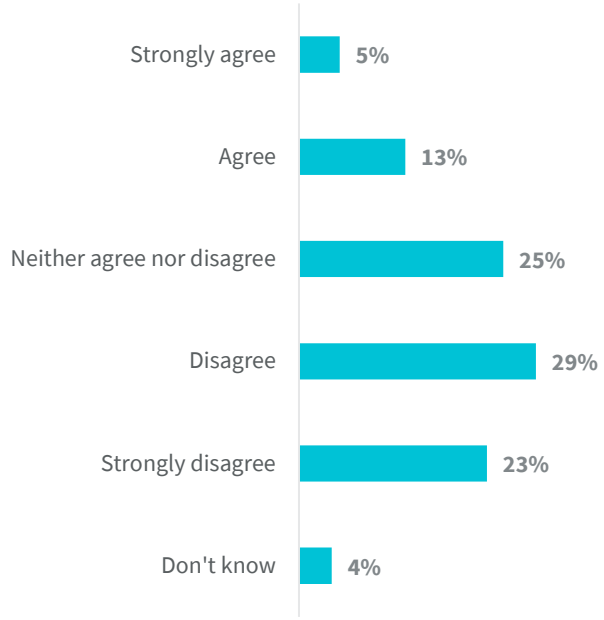


A large majority (82%) agreed that gambling is a risk to children and young people, compared with 6% who disagreed. The statement achieved a mean score of 4.2 out of 5.

Participants who had taken part in gambling activities daily or weekly were significantly less likely to agree with the statement (76% and 79% respectively) than participants who had gambled less than once a week in the past four weeks (85%).

Participants who had been negatively affected by gambling were significantly more likely to agree with the statement (86%) than those who had not (81%).

Figure 9.8: The gambling industry can be trusted and treats people fairly (N=1,576)

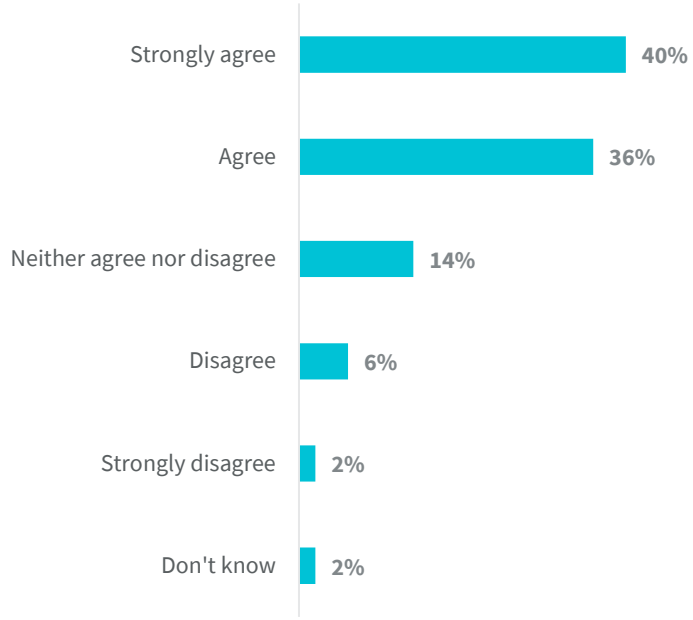


More than half of respondents (52%) disagreed that the gambling industry can be trusted and treats people fairly, while only 19% agreed. The statement achieved a mean score of 2.5 out of 5.

Respondents aged 75+ were significantly less likely to agree with the statement (11%) than respondents aged 18-24 and 35-64 (between 19% and 21%). Ethnic minority respondents were significantly more likely to agree with the statement (25%) than White respondents (18%).

Participants who had not gambled in the past four weeks were significantly less likely to agree with the statement (9%) than those who had taken part in gambling activities daily (40%). Those who had been negatively affected by gambling were significantly more likely to disagree with the statement (60%) than those who had not been (50%).

Figure 9.9: The gambling industry encourages people to gamble too much (N=1,576)

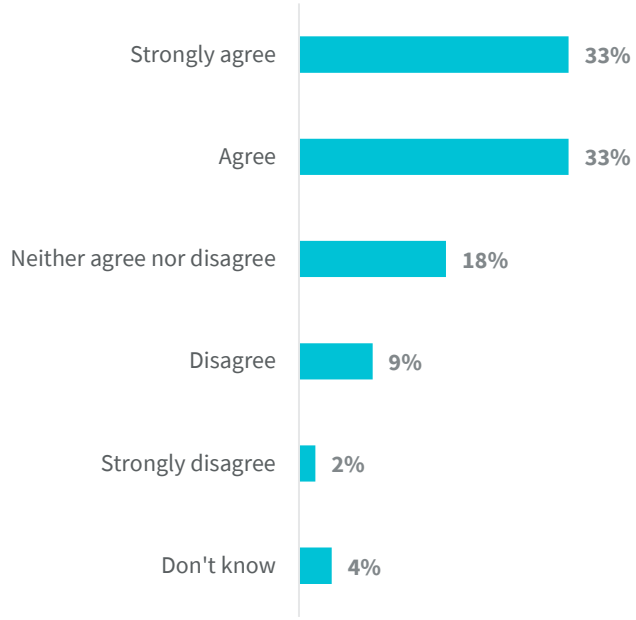


Over three-quarters of respondents (76%) agreed that the gambling industry encourages people to gamble too much, compared with 8% who disagreed. The statement achieved a mean score of 4.1 out of 5.

Participants whose income was below median regional income were significantly less likely to agree with the statement (74%) than those whose income was above median regional income (79%).

Participants who had not gambled in the past four weeks were significantly more likely to agree with the statement (82%) than those who had taken part in gambling activities daily (68%). Those who had been negatively affected by gambling were significantly more likely to agree with the statement (83%) than those who had not been (74%).

Figure 9.10: The gambling industry does not do enough to keep people safe from harm (N=1,576)



Around two-thirds of respondents (66%) agreed that the gambling industry does not do enough to keep people safe from harm, while 11% disagreed. The statement achieved a mean score of 3.9 out of 5.

Participants who had not gambled in the past four weeks were significantly more likely to agree with the statement (74%) than those who had taken part in gambling activities daily (57%) or weekly (62%). Those who had been negatively affected by gambling were significantly more likely to agree with the statement (77%) than those who had not been (62%).

Gambling Advertising

Summary of findings

Exposure to gambling advertising was widespread and frequent, with digital channels playing a particularly important role for younger adults. People who gambled more often and those affected by gambling harms reported significantly higher levels of advertising exposure

Gambling advertising channels

- **64%** had seen gambling advertised on television in the past four weeks
- Nearly **half** of respondents reported seeing gambling promotion via online adverts (**48%**), social media adverts **(48%)** or sponsorships (**46%**)
- Younger adults experienced considerably greater exposure to digital gambling marketing

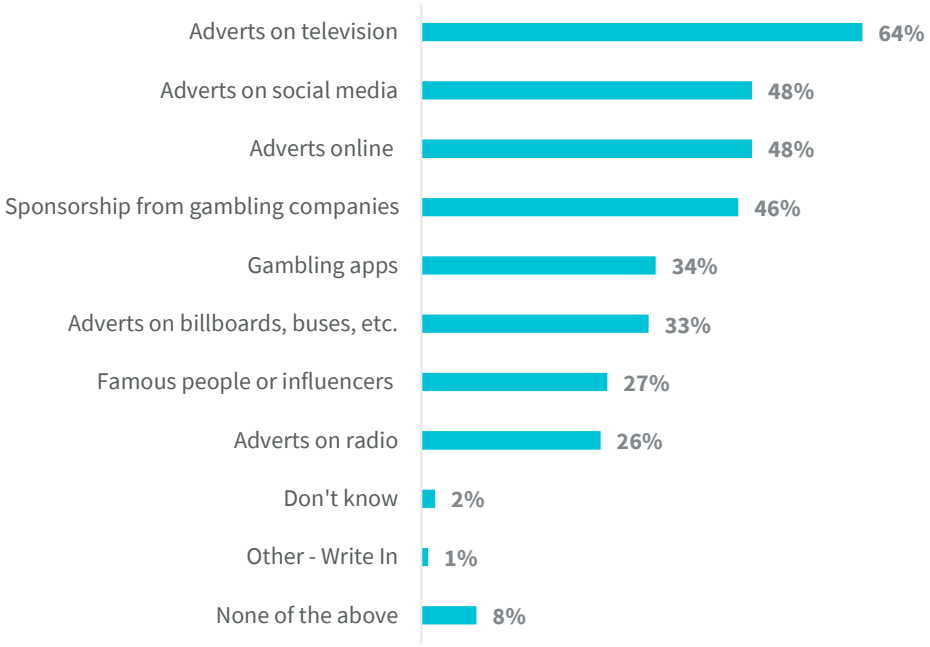
Gambling promotion exposure

- **87%** saw gambling advertising multiple times a week and **38%** saw it daily
- Awareness was highest among those most affected by gambling problems, particularly people who have experienced gambling harm (**63%**) and daily gamblers (**66%**)
- Frequent gamblers and respondents experiencing gambling-related harm were significantly more exposed to gambling promotion

Detailed findings

Question 13. In the past 4 weeks, in which of the following ways have you seen or heard gambling being promoted? (*Select all that apply*)

Figure 10: In the past 4 weeks, in which of the following ways have you seen or heard gambling being promoted? (N=1,576)[6]



Television adverts were the most reported form of exposure to gambling promotion with 64% of participants selecting this option. Around half of respondents had seen online adverts (48%), social media adverts (48%) or gambling sponsorships such as sports teams, events or TV programmes (46%), highlighting the prominence of gambling marketing across both digital and traditional channels. Other forms of exposure included local shops (five respondents), emails and newsletters (four respondents) or sports team sponsorship (three respondents). Only 8% reported not seeing or hearing any gambling promotion in the past four weeks, suggesting that exposure to gambling marketing was difficult to avoid for most respondents.

[6] Full data labels are available in Appendix C.

Younger adults (18-44) were significantly more likely to be exposed to digital gambling promotion. These groups were significantly more likely to see:

- Adverts on social media (between 59% and 69%) than participants aged 55-75+ (between 21% and 38%),
- Adverts online (between 56% and 63%) than participants aged 65-75+ (between 24% and 30%),
- Adverts or promotions from gambling apps (between 38% and 50%) than participants aged 55-75+ (between 15% and 28%),
- Famous people or influencers promoting gambling companies on social media (between 32% and 34%) than participants aged 55-75+ (between 15% and 20%).

In contrast, those aged 18-24 were significantly less likely to encounter gambling advertising through traditional channels such as TV (46%) than those aged 35-75+ (between 64% and 73%).

Participants who had gambled multiple times a day over the past four weeks were significantly more likely to be exposed to gambling advertising from gambling apps (50%) than any other age groups.

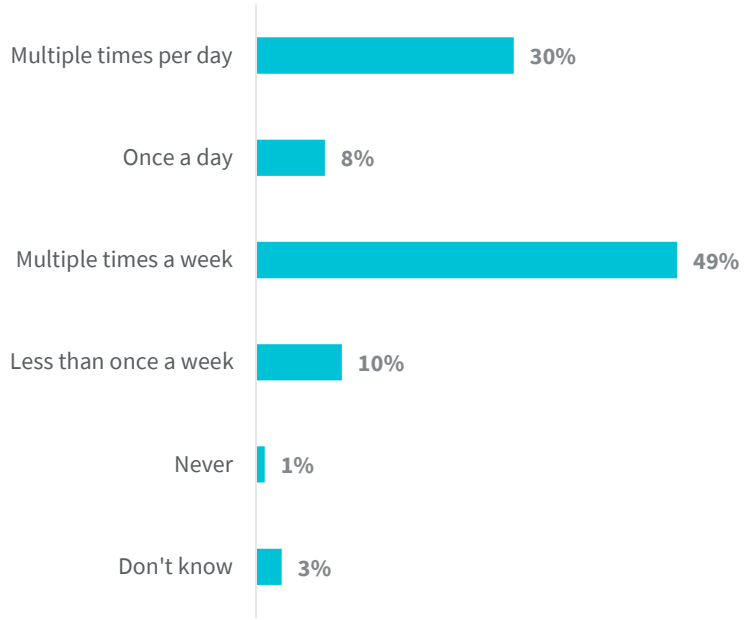
Respondents who had experienced negative impact from gambling were significantly more likely to report higher levels of advertising exposure compared to those who had not:

- Adverts on the radio (39% of those impacted vs 22% of non-impacted)
- Sponsorship from gambling companies (55% of those impacted vs 43% of non-impacted)
- Adverts on social media (61% of those impacted vs 43% of non-impacted)
- Adverts online (59% of those impacted vs 44% of non-impacted)
- Adverts from gambling apps (44% of those impacted vs 30% of non-impacted)
- Famous people or influencers promoting gambling companies on social media (39% of those impacted vs 23% of non-impacted)
- Adverts on billboards, buses, bus stops, or public signage (46% of those impacted vs 29% of non-impacted)



Question 14. How often do you see gambling advertising?

Figure 11: How often do you see gambling advertising? (N=1,449)



87% of respondents reporting seeing gambling advertising at least multiple times a week, including 38% who saw it daily. The most common response was seeing gambling advertising multiple times a week (49%), while 30% of respondents reported seeing it multiple times per day, highlighting the regular presence of gambling marketing in everyday life. In contrast, only 1% reported never seeing gambling advertising.

Participants aged 65-74 and 75+ were significantly less likely to see gambling advertising daily (26% and 20% respectively). Participants identifying as male were significantly more likely to see gambling advertised daily (43%) than those identifying as female (33%).

Respondents who had gambled multiple times a day in the past four weeks were significantly more likely to see gambling advertising daily (55%) than those who had not gambled (33%). Participants who had been impacted negatively by gambling were significantly more likely to see gambling advertising daily (49%) than those who had not been impacted (34%).

Measures

Summary of findings

There was strong support for measures to prevent gambling harm, particularly around education, protecting children and young people, stricter advertising controls and improving professional awareness of gambling-related harm.

Strongest support

- Warnings on gambling-style video game features (**91%**)
- Reducing children's exposure to gambling advertising (**90%**)
- Training gambling venue staff to spot harm (**89%**)

Mixed opinions

- Limiting gambling sponsorship in sport **(76%)**
- Treating gambling as a public health issue, similar to tobacco and alcohol (**75%**)
- Banning gambling adverts completely (**53%**)

Detailed findings

Question 15. To what extent do you agree with putting these actions in place?

Figure 12: Question 15 summary table

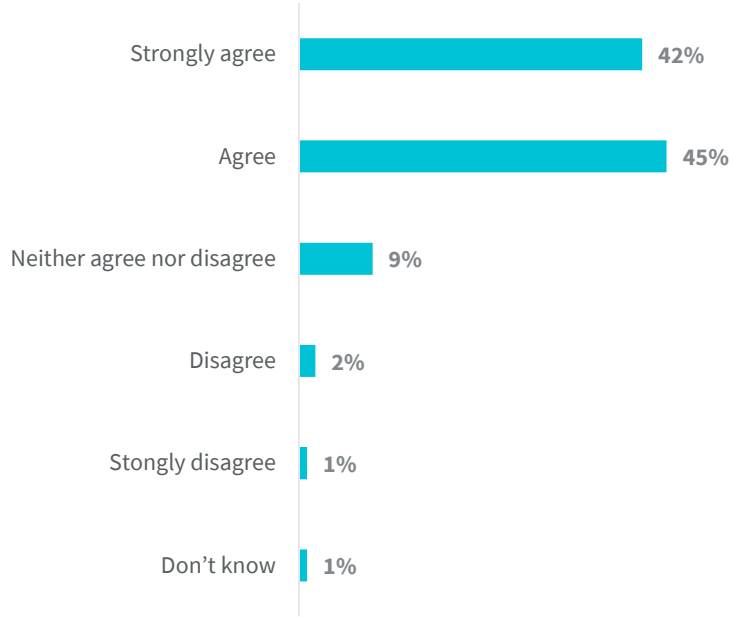
Measure	NET agree	Neutral	NET disagree
Video games with gambling features should have clear warnings	91%	6%	2%
Children and young people should see less gambling and fewer gambling adverts	90%	6%	2%
Staff who work in gambling venues should be trained to spot gambling harm	89%	8%	2%
Public health campaigns should help people learn the risks of gambling	87%	9%	3%
There should be stricter rules for gambling adverts	86%	10%	3%
Schools should teach children about gambling and its risks	84%	9%	6%
Health and care workers should be trained to spot gambling harm and know how to help	80%	14%	4%
Gambling sponsorship in sport should be limited	76%	14%	8%
Gambling related harm should be treated as a public health issue, the same as tobacco and alcohol[7]	75%	16%	8%
Gambling adverts should be completely banned	53%	25%	20%

Respondents strongly supported measures aimed at preventing and reducing gambling harm. The highest levels of agreement were recorded for introducing clear warnings on video games with gambling features (91%), reducing children's exposure to gambling and gambling advertising (90%) and training staff in gambling venues to identify gambling harm (89%), all of which attracted very low levels of disagreement. Support was lower, though still representing a majority view, for limiting

[7] Please note the smaller base size for this option (N=808).

gambling sponsorship in sport (76%), treating gambling-related harm as a public health issue (75%), and completely banning gambling adverts (53%), the latter also generating the highest levels of neutrality (25%) and disagreement (20%).

Figure 12.1: Public health campaigns should help people learn the risks of gambling (N=1,576)

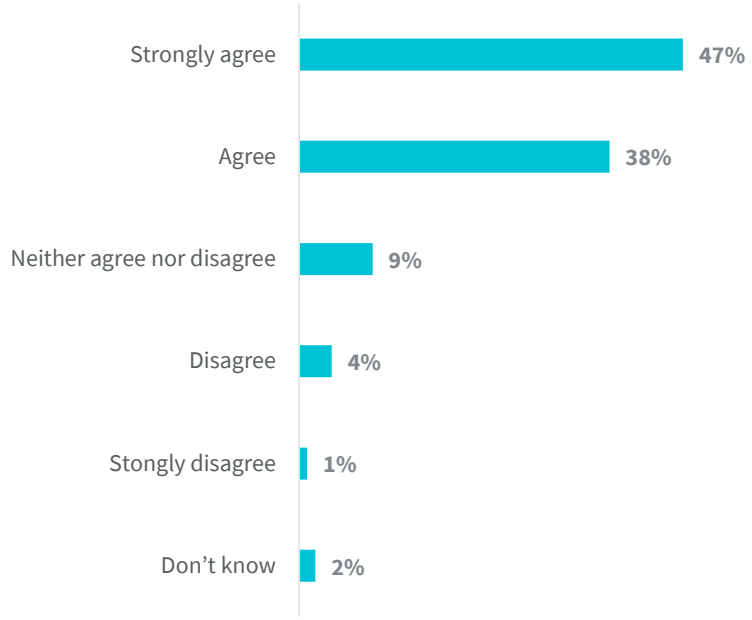


There was overwhelming support for public education on gambling harms, with 87% of respondents agreeing that public health campaigns should help people learn about the risks of gambling, compared with just 3% who disagreed. The statement achieved a mean score of 4.3 out of 5.

Support was particularly high among respondents aged 25-34 who were significantly more likely to agree with the statement (92%).

Respondents who had gambled daily (82%) or weekly (86%) were significantly less likely to agree with the statement than those who had not gambled in the previous four weeks (92%). Participants with experience of negative impact from gambling were significantly more likely to agree with the statement (92%) than those with no experience of negative impact (86%).

Figure 12.2: Schools should teach children about gambling and its risks (N=1,576)

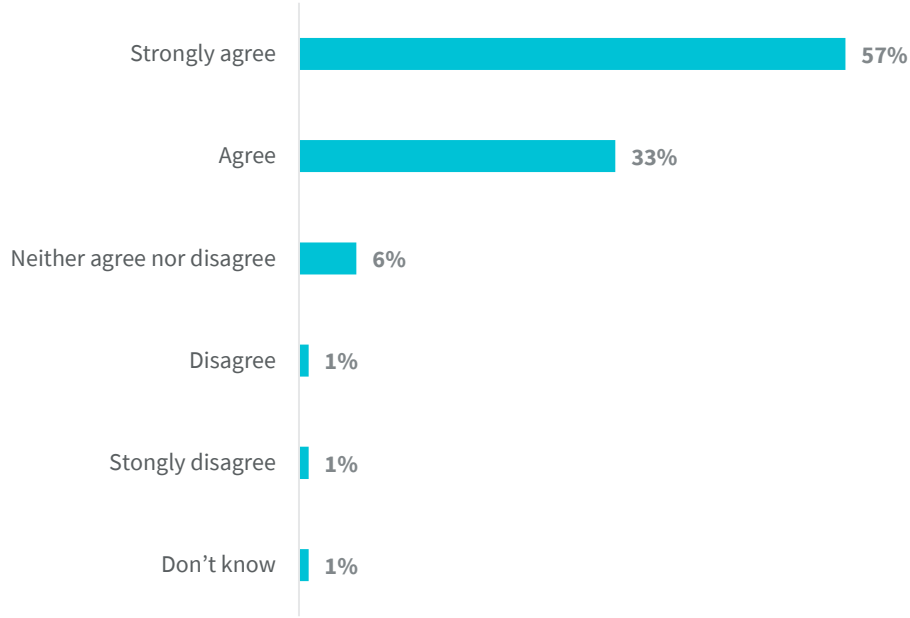


A large majority of respondents (84%) agreed that schools should teach children about gambling and its risks, while only 6% disagreed. The statement achieved a mean score of 4.3 out of 5.

Respondents aged 75+ were significantly less likely to agree with the statement (71%) compared to other age groups.

Participants with experience of negative impact from gambling were significantly more likely to agree with the statement (89%) than those with no experience of negative impact (83%).

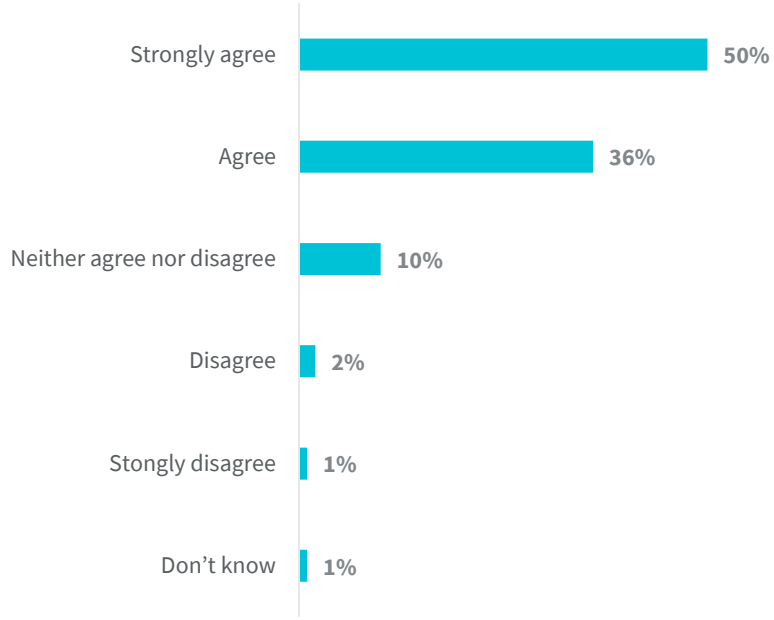
Figure 12.3: Children and young people should see less gambling and fewer gambling adverts (N=1,576)



There was near-universal agreement that children and young people should see less gambling and fewer gambling adverts, with 90% agreeing and just 2% disagreeing. The statement achieved a mean score of 4.5 out of 5.

Respondents who had gambled daily in the previous four weeks were significantly less likely to agree with the statement (86%) than those who had gambled less than once a week (93%).

Figure 12.4: There should be stricter rules for gambling adverts(N=1,576)



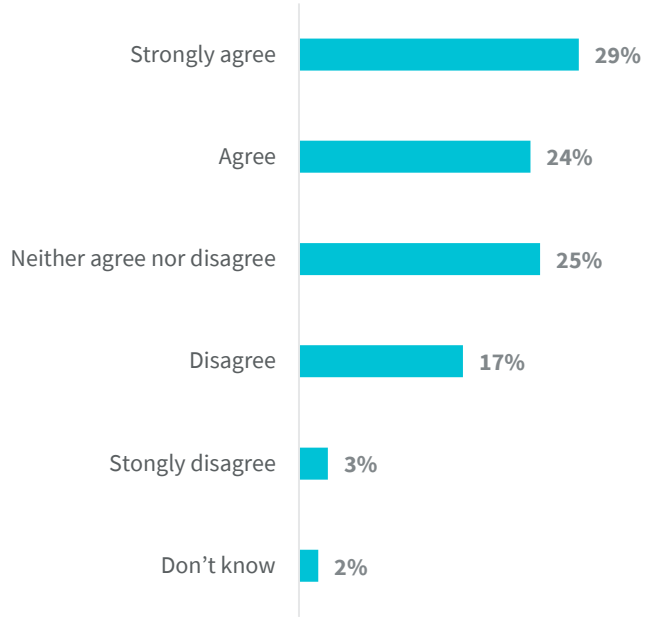
A large majority of respondents (86%) agreed that there should be stricter rules for gambling adverts, compared with only 3% who disagreed. The statement achieved a mean score of 4.3 out of 5.

Respondents who lived in Durham were significantly more likely to agree with this statement (89%) than those living in Tyne and Wear (85%) and in Northumberland (83%).

Respondents who identified as female were significantly more likely to agree with this statement (88%) than those identifying as male (83%).

Participants who had gambled daily in the previous four weeks were significantly less likely to agree with the statement (77%) than those who had not gambled (89%).

Figure 12.5: Gambling adverts should be completely banned (N=1,576)

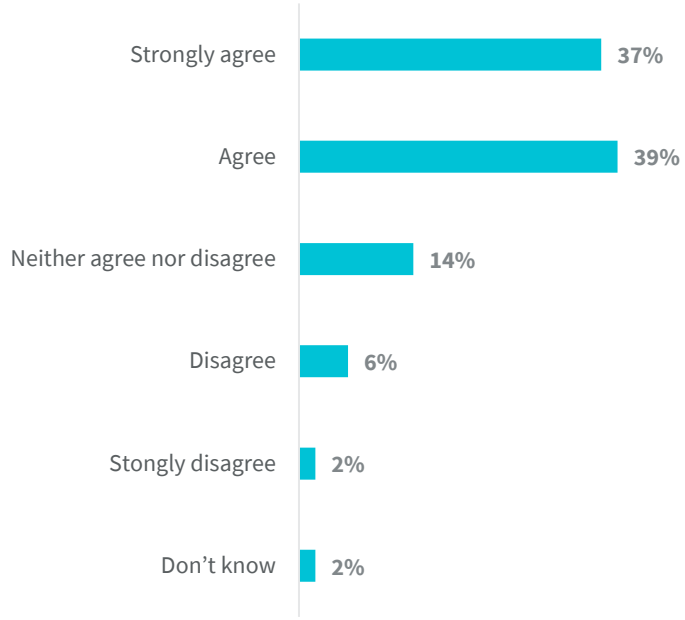


Opinion was more mixed regarding a complete ban on gambling adverts, although a majority (53%) agreed, compared with 20% who disagreed and 25% who neither agreed nor disagreed. The statement achieved a mean score of 3.6 out of 5.

Adults aged 75+ were significantly less likely to disagree with the statement (11%) than those aged 44 and under (between 23% and 25%). Respondents identifying as male were more likely to disagree with the statement (25%) in comparison to those identifying as female (16%).

Respondents who reported negative impacts from by gambling were significantly more likely to agree with the statement (60%) than those who have not (51%).

Figure 12.6: Gambling sponsorship in sport should be limited (N=1,576)

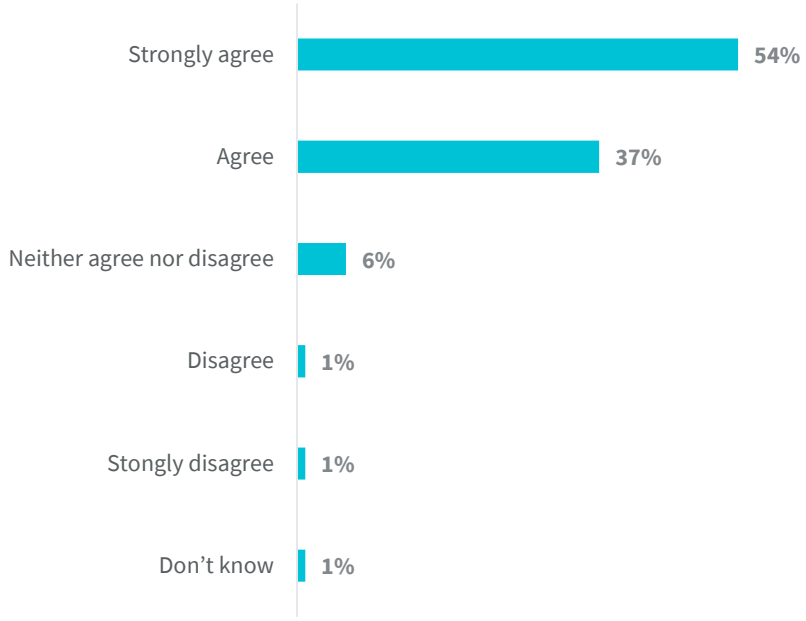


More than three-quarters of respondents (76%) agreed that gambling sponsorship in sport should be limited, while only 8% disagreed. The statement achieved a mean score of 4.1 out of 5.

Respondents from Teesside were significantly more likely to agree with this statement (82%) than respondents from Durham and Tyne and Wear. Participants who identified as male were significantly more likely to disagree with the statement (10%) than those who identified as female. Ethnic minority respondents were significantly less likely to agree with the statement (69%) than White respondents.

Respondents who had not gambled in the previous four weeks were significantly more likely to agree with the statement (81%) than those who had gambled daily (71%).

Figure 12.7: Video games with gambling features should have clear warnings (N=1,576)

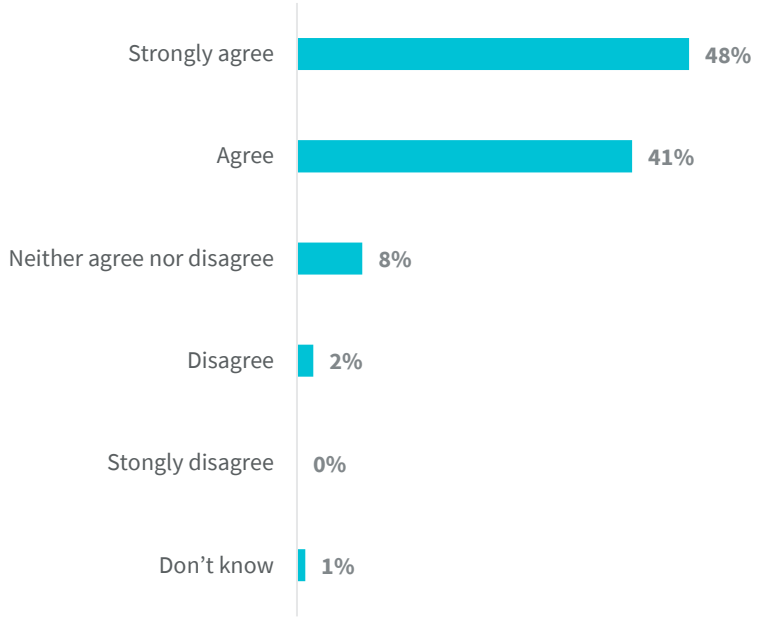


There was overwhelming support for clear warnings on video games with gambling features, with 91% agreeing and just 2% disagreeing. The statement achieved a mean score of 4.4 out of 5.

Respondents from Northumberland were significantly less likely to agree with the statement (86%) than those from other local authorities.

Respondents who had not gambled in the previous four weeks were significantly more likely to agree with the statement (95%) than those who had gambled daily (85%).

Figure 12.8: Staff who work in gambling venues should be trained to spot gambling harm (N=1,576)

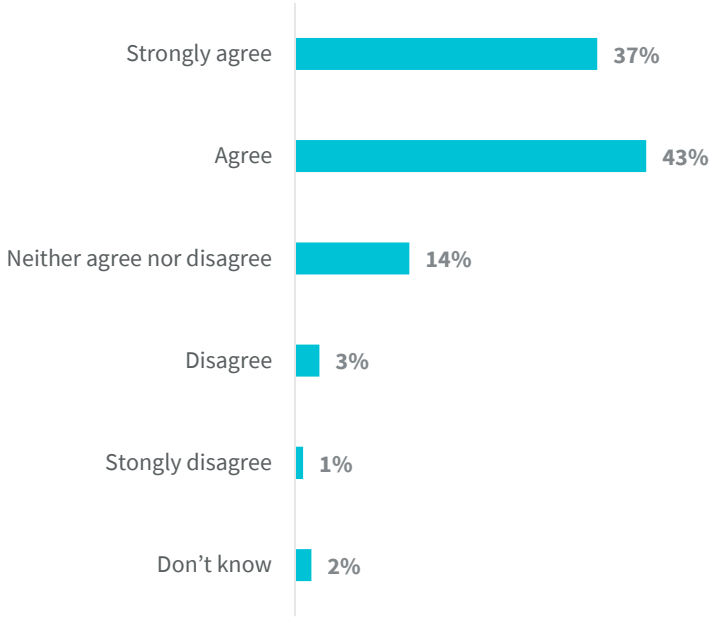


Almost nine in ten respondents (89%) agreed that staff working in gambling venues should be trained to spot gambling harm, while only 2% disagreed. The statement achieved a mean score of 4.4 out of 5.

Respondents aged 25–34 were more likely to agree with the statement (93%) than other age groups.

Those who experienced gambling-related harm were significantly more likely to strongly agree with the statement (57%) than those who had no experience of negative impact (46%).

Figure 12.9: Health and care workers should be trained to spot gambling harm and know how to help (N=1,576)

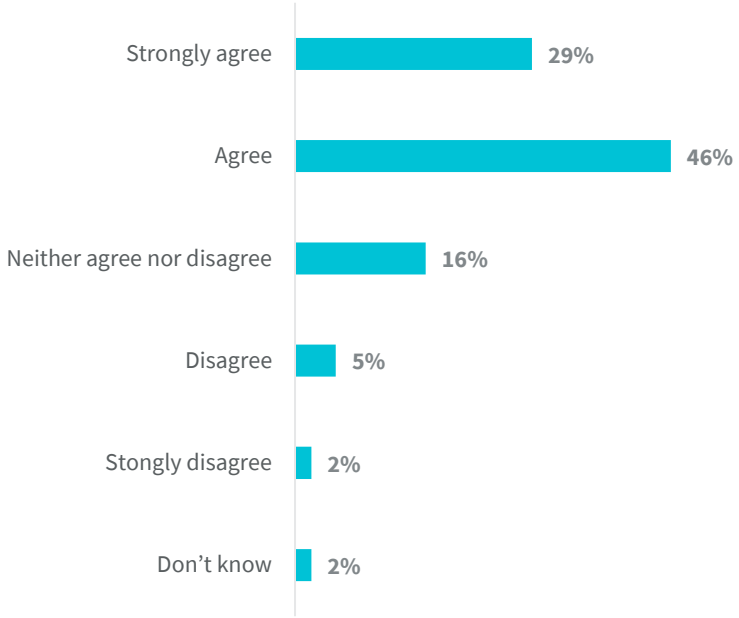


Four in five respondents (80%) agreed that health and care workers should be trained to spot gambling harm and know how to help, compared with 4% who disagreed. The statement achieved a mean score of 4.1 out of 5.

Respondents aged 65-74 were significantly less likely to agree with the statement (74%) than other age groups.

Respondents who had experienced negative impact from gambling significantly more likely to agree (84%) compared to those who had not.

Figure 12.10: Gambling related harm should be treated as a public health issue, the same as tobacco and alcohol (N=808)[8]



Three-quarters of respondents (75%) agreed that gambling-related harm should be treated as a public health issue in the same way as tobacco and alcohol, while 8% disagreed. The statement achieved a mean score of 4.0 out of 5.

Respondents who identified as male were significantly more like to disagree with the statement (10%) than those identifying as female (5%).

[8] Please note the smaller base size for this option (N=808).

Conclusions and strategic guidance

Conclusions

The research indicates that while gambling was a common activity for many respondents, participation was concentrated in lower-risk activities such as National Lottery products, scratchcards and charity lotteries. For most participants, gambling was undertaken occasionally and was primarily motivated by the desire to win money or for entertainment. However, the findings also highlighted that more frequent gambling was associated with motivations linked to stress, boredom and loss of control, suggesting a greater risk of experiencing gambling-related harm.

Although the majority of respondents reported no personal experience of gambling harm, one in four had been negatively affected by either their own gambling or that of someone else. The impacts of gambling extended beyond financial difficulties and included effects on emotional wellbeing, relationships or physical and mental health. Certain groups, including younger adults, ethnic minority respondents, respondents with disabilities or long-term health conditions and those who gambled more frequently, were more likely to report experiencing gambling-related harm.

The research also demonstrates that gambling advertising and promotion were highly visible across the North East. Exposure was widespread across traditional and digital channels, with younger adults particularly likely to encounter gambling marketing online and through social media. Respondents who experienced gambling-related harm and those who gambled more frequently reported the highest levels of advertising exposure, with marketing potentially increasing risk among vulnerable groups.

Public attitudes reflected a nuanced understanding of gambling. While respondents generally supported individual freedom to gamble, there was strong recognition that gambling could cause significant harm. Most respondents believed there were too many opportunities to gamble, viewed gambling as a risk to children and young people and expressed concerns about the gambling industry. Trust in the industry was relatively low, with many respondents believing that gambling companies encouraged excessive gambling and did not do enough to protect people from harm.

There was strong public support for measures to prevent and reduce gambling-related harm. Respondents overwhelmingly supported educational initiatives, greater protection for children and

young people, restrictions on gambling advertising, clearer warnings on gambling-related content and improved training for professionals to recognise and respond to gambling harm.

Overall, the findings suggest that, while gambling constituted an occasional activity for many, there was substantial public concern about the harms associated with gambling and strong support for measures that increase awareness, strengthen protections, and improve access to support.

Strategic guidance

Key target demographics

The research identified the following priority audiences for future intervention and engagement:

- Young adults aged 18 to 34
- Daily and high-frequency gamblers
- People experiencing economic vulnerability
- Individuals with disabilities or long-term health conditions
- Ethnic minority communities
- People affected by their own or someone else's gambling.

Recommendations

To maximise the impact of this research, we recommend that you:

- **Prevent harm among young adults and online gamblers by:**
    - Prioritising prevention messaging aimed at younger adults (18-34) via dedicated prevention campaigns
    - Focusing messaging on online gambling, sports betting, casino games and gaming-related gambling products
    - Using digital and social media channels to raise awareness
- **Improve identification and early intervention by:**
    - Embedding gambling harm screening within health services
    - Developing workforce training programmes across local authorities
- **Create campaigns that highlight both direct and indirect harms of gambling**
    - Focus messaging on financial, emotional, health and social impacts of gambling
    - Create tailored interventions for ethnic minority communities, people with disabilities or long-term conditions or economically vulnerable residents
- **Increase awareness and visibility of available support services by:**
    - Developing a regional awareness campaign signposting gambling support services, as well as local and specialist services

    - Increasing promotion of local and specialist services
    - Producing culturally appropriate materials for under-served communities
    - Work with community organisations and trusted intermediaries to reach vulnerable communities

- **Reduce children's and young people's exposure to gambling via**:
    - Education and awareness initiatives
    - School-based gambling harm education, for both children, young people, and parents/carers
    - Campaigns raising awareness of loot boxes and gambling-like gaming mechanics, for both children, young people, and parents/carers
- **Recognise and support 'affected others' by:**
    - Ensuring services explicitly support affected family members/friends
    - Developing communications acknowledging wider household impacts
    - Training practitioners to identify harms among parents/carers and children and young people.

Appendices

Appendix A

Survey

Section 1: Screening questions

1. Which age group do you belong to?*

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+

[*If under 18, thank and close*]

2. Which local authority area do you live in?*

[*Randomise statements*]

- County Durham
- Darlington
- Gateshead
- Hartlepool
- Middlesbrough
- Newcastle-upon-Tyne
- Northumberland
- North Tyneside
- Redcar & Cleveland
- South Tyneside
- Stockton-on-Tees
- Sunderland

- Merseyside
- Lancashire
- Cheshire
- Cumbria
- Derbyshire
- Nottingham
- Other
- None of the above

[*If selected "Merseyside", "Lancashire", "Cheshire", "Cumbria", "Derbyshire", "Nottingham", "Other", "None of the above", thank and close*]

3. Please state your partial postcode (e.g. TS6)*

[*Open box*]

Section 2: Gambling habits

4. In the last 12 months, which of the following activities have you spent money on either online or in person?*

- Tickets for National Lottery draws
- Tickets for other lotteries, raffles, or charity draws
- Scratchcards
- Betting on sports and racing **online / via an App**, including virtual sports/races and e-sports
- Betting on sports and racing **in-person**, e.g. at a bookmakers, including virtual sports/races and e-sports
- Betting on the outcome of events such as TV shows, elections **online / via an App**
- Betting on the outcome of events such as TV shows, elections **in-person**
- Bingo played **online / via an App**
- Bingo played **in person** e.g. a bingo hall, social club
- Casino games played **online / via an App** e.g. Poker, Roulette, Blackjack
- Casino games played **in person** e.g. Poker, Roulette, Blackjack
- Casino games (e.g. Poker, Roulette, Blackjack) played on a machine / terminal **in person**
- Fruit/slot machines played **in-person**

- Fruit/slot games played **online / via an App**
- High-risk rapid trading (cryptocurrency, etc.)
- Football pools
- Videogame gambling (loot boxes, random chance purchases, card packs, etc)
- Private betting with e.g. friends, family, colleagues
- Another form of gambling in the last 12 months
- None of the above

[*If "None of the above" selected, go to Q8*]

5. In the past 4 weeks, how often have you taken part in any gambling activities?

- Daily
- Multiple times a day
- Once a day
- Multiple times a week
- Once a week
- Less than once a week
- I have not taken part in gambling activities in the past 4 weeks
- Don't know

6. In the past 4 weeks, which gambling activity did you take part in most often? *

- [*Piped Values From Question 4*]
- Don't know

7. I take part in these gambling activities…* [please select all that apply]

[*Randomise statements*]

- To win or make money
- For enjoyment and for fun
- To pass time or escape boredom
- For the challenge, achievement, or competition

- For social reasons
- To relax or cope with stress/emotions
- Because I am worried about not winning if I do not play
- Because I feel a need or loss of control
- Other - Write In: _____*
- None of the above
- I do not take part in gambling activities
- Prefer not to say

Section 3: Gambling Harms

8. Has gambling (your own or someone else's) ever had a negative impact on your life?*

- Yes – my own gambling
- Yes – someone else's gambling
- Yes - both
- No
- Prefer not to say

9. [*If yes*] Thinking about gambling (your own or someone else's), have you ever experienced any of the following impacts?*

[*Randomise statements*]

- Feeling worried, stressed, or low
- Feeling guilty, ashamed or embarrassed
- Difficulty sleeping
- Spending more money on gambling than you could afford to lose
- Worrying about money
- Arguments with family or friends
- Feeling disconnected or isolated from friends, family or community
- Difficulty managing work or study

- Drinking more alcohol than usual
- Smoking or vaping more than usual
- Anti-social behaviour (convictions, legal problems, crimes committed, etc.)
- Neglecting physical or mental health
- Other - Write In: _____*
- None of the above
- Prefer not to say

10. Are you aware of what support is available for people who may be struggling with gambling?*

- Yes
- No
- Don't know

11. [*If yes*] What support/services are you aware of?*

[*open box*]

Section 4: Attitudes and perceptions

12. To what extent do you agree with the following statements?* [*Randomise statements*]

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
People should have the right to gamble if they choose to						
People who find it hard to stop gambling can stop if they want to						
Gambling can cause serious harm						

Gambling can give people the chance to make money						
There are too many opportunities to gamble these days						
Gambling can give people hope						
Gambling is a risk to children and young people						
The gambling industry can be trusted and treats people fairly						
The gambling industry encourages people to gamble too much						
The gambling industry does not do enough to keep people safe from harm						

Section 5: Gambling Advertising

13. In the past 4 weeks, in which of the following ways have you seen or heard gambling being promoted? (*Select all that apply*)*

- Adverts on television
- Adverts on radio
- Sponsorship from gambling companies (e.g. sports teams, events, TV programmes
- Adverts on social media (YouTube, Facebook, Twitter, Instagram, TikTok, Twitch, etc.)
- Adverts online (websites, pop-ups, etc.)
- Adverts or promotions from gambling apps
- Famous people or influencers promoting gambling companies on social media
- Adverts on billboards, buses, bus stops, or public signage
- Other - Write In: _____
- None of the above
- Don't know

14. How often do you see gambling advertising?*

- Never
- Less than once a week
- Multiple times a week
- Once a day
- Multiple times per day
- Don't know

Section 6: Measures

15. To what extent do you agree with putting these actions in place?* [*Randomise statements*]

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
Public health campaigns should help people learn the risks of gambling						
Schools should teach children about gambling and its risks						
Children and young people should see less gambling and fewer gambling adverts						
There should be stricter rules for gambling adverts						
Gambling adverts should be completely banned						
Gambling sponsorship in sport should be limited						
Video games with gambling features should have clear warnings						

Staff who work in gambling venues should be trained to spot gambling harm						
Health and care workers should be trained to spot gambling harm and know how to help						
Gambling-related harm should be treated as a public health issue, the same as tobacco and alcohol						

Section 7: Demographic information

16. What is your gender?

- Woman
- Man
- Non-binary
- Another gender
- Prefer to self-describe
- Prefer not to say

17. What sex were you assigned at birth?

- Female
- Male
- Intersex
- Prefer not to say

18. What is your ethnic group?

[*Order alphabetically*]

- White – English/Welsh/Scottish/Northern Irish/British
- White – Irish

- White – Gypsy or Irish Traveller
- White – Roma
- White – Other White background
- Mixed – White and Black Caribbean
- Mixed – White and Black African
- Mixed – White and Asian
- Mixed – Other Mixed/Multiple background
- Asian – Indian
- Asian – Pakistani
- Asian – Bangladeshi
- Asian – Chinese
- Asian – Other Asian background
- Black – African
- Black – Caribbean
- Black – Other Black background
- Other ethnic group – Arab
- Other ethnic group – Any other background
- Prefer not to say

19. Do you consider yourself to have a disability or long-term medical condition?

- Yes
- No
- Prefer not to say

20. Which of the following best describes your current employment status?

- Employed or self-employed full-time
- Employed or self-employed part-time
- Unemployed and seeking work
- Unemployed and not seeking work
- Student
- Long-term sick/disabled

- Retired
- Homemaker/carer
- Prefer not to say

21. What is your total household income annually before tax?

- £0 to £11,399
- £11,400 to £16,199
- £16,200 to £21,599
- £21,600 to £26,999
- £27,000 to £33,599
- £33,600 to £40,199
- £40,200 to £47,999
- £48,000 to £59,999
- £60,000 to £79,199
- £79,200 or more
- Prefer not to say

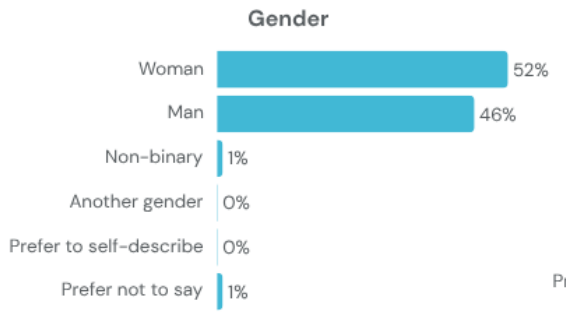
22. What is your current housing situation?

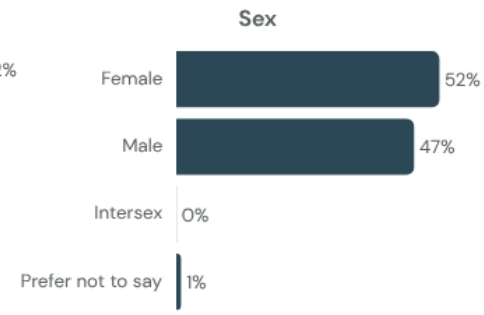
- Owner-occupier
- Renting from a private landlord
- Renting from the council or a housing association
- Living with family or friends
- Living in temporary accommodation
- Homeless / no fixed address
- Prefer not to say

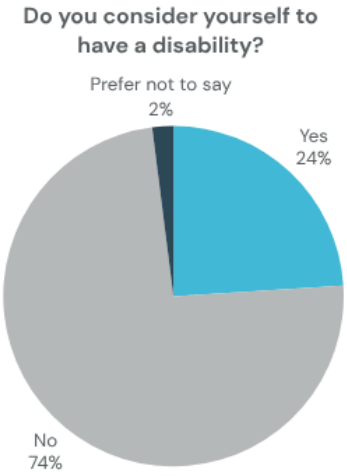
Thank you for taking part in this survey. Your time is appreciated.

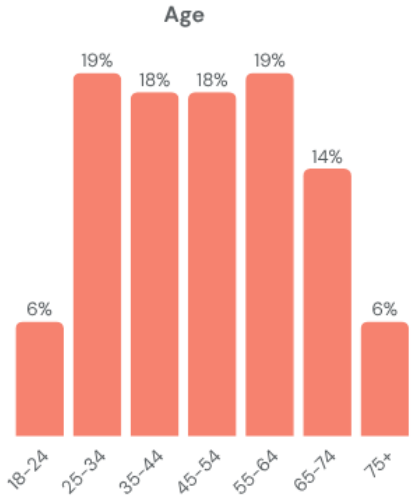
Appendix B

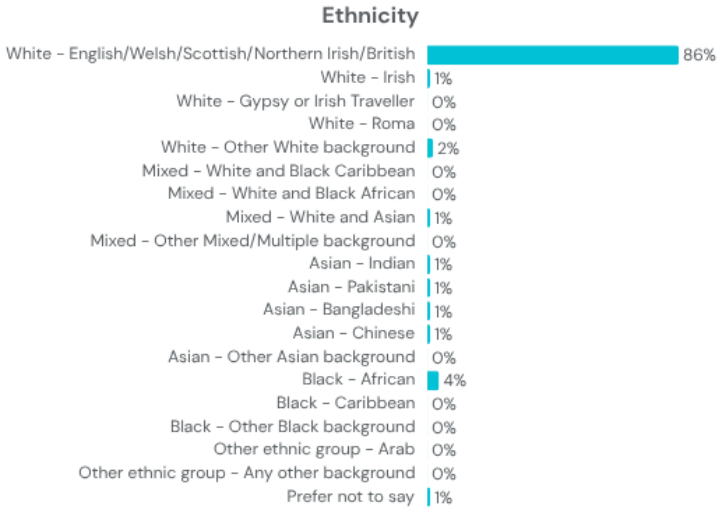
Demographic information

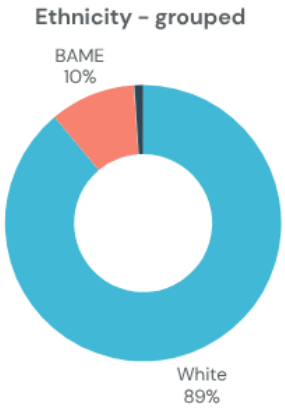


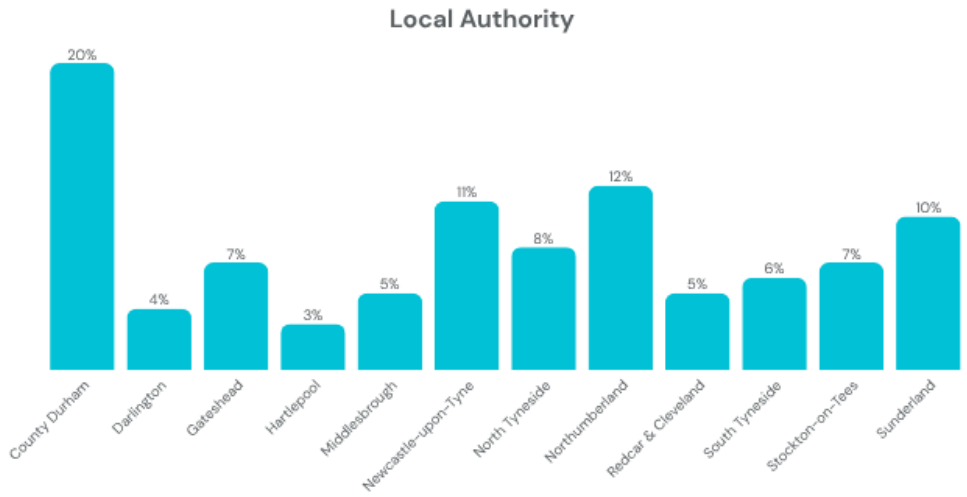


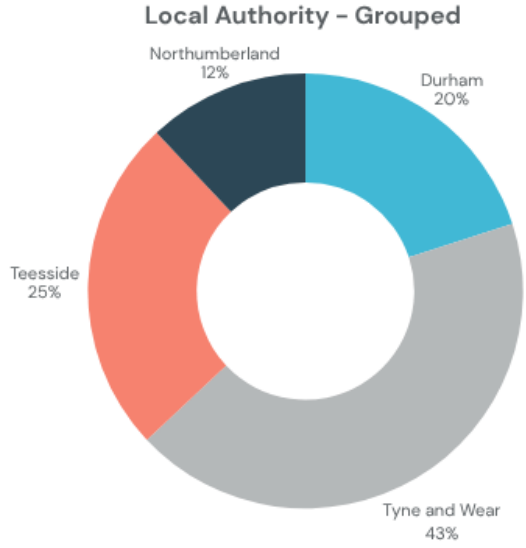


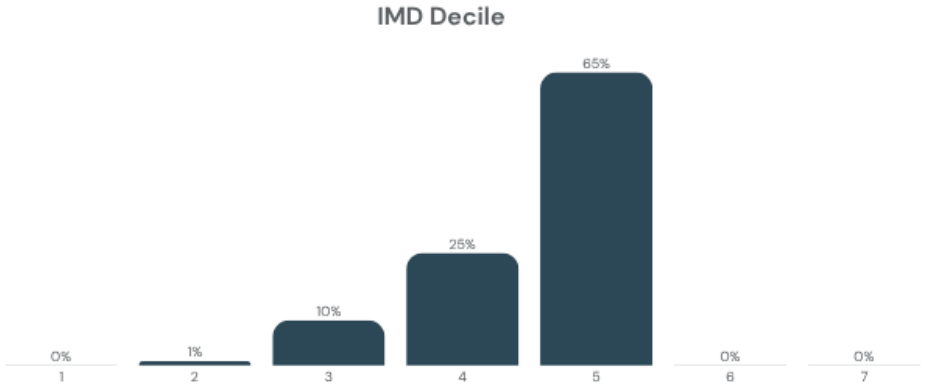


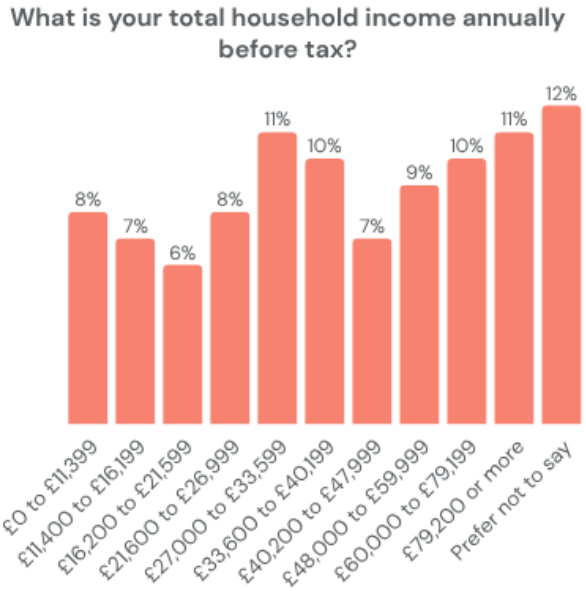


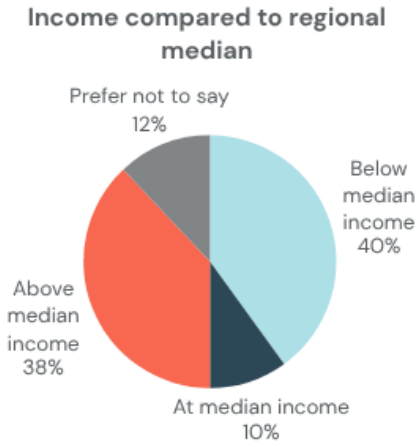


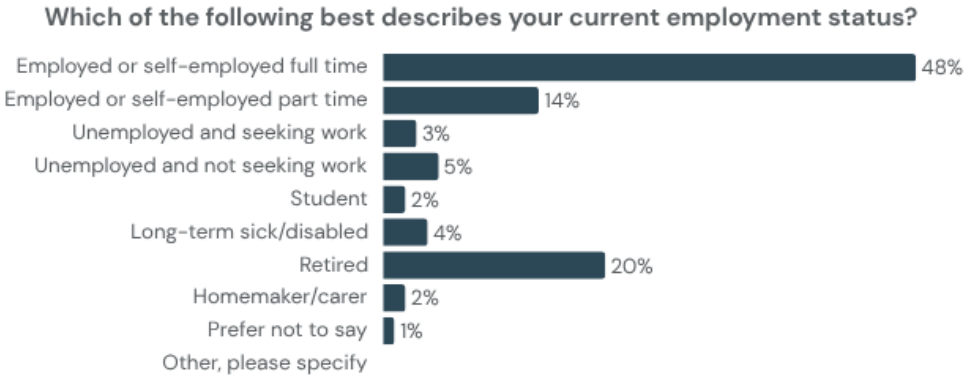

Local Authority
20%
4%
7%
3%
5%
11%
8%
12%
5%
6%
7%
10%
County Durham
Darlington
Gateshead
Hartlepool
Middlesbrough
Newcastle-upon-Tyne
North Tyneside
Northumberland
Redcar & Cleveland
South Tyneside
Stockton-on-Tees
Sunderland

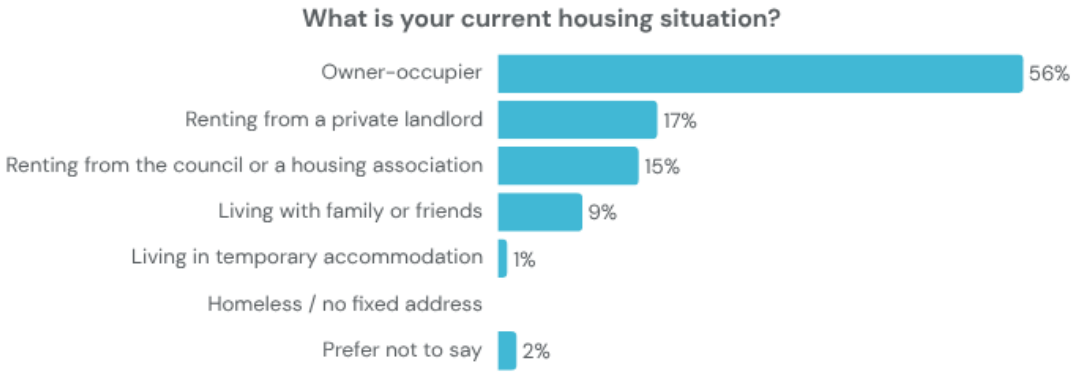

Local Authority - Grouped
Northumberland
12%
Durham
20%
Teesside
25%
Tyne and Wear
43%


IMD Decile
0%
1%
10%
25%
65%
0%
0%
1
2
3
4
5
6
7


What is your total household income annually before tax?
8%
7%
6%
8%
11%
10%
7%
9%
10%
11%
12%
£0 to £11,399
£11,400 to £16,199
£16,200 to £21,599
£21,600 to £26,999
£27,000 to £33,599
£33,600 to £40,199
£40,200 to £47,999
£48,000 to £59,999
£60,000 to £79,199
£79,200 or more
Prefer not to say


Income compared to regional median
Prefer not to say 12%
Below median income 40%
Above median income 38%
At median income 10%


Which of the following best describes your current employment status?
Employed or self-employed full time 48%
Employed or self-employed part time 14%
Unemployed and seeking work 3%
Unemployed and not seeking work 5%
Student 2%
Long-term sick/disabled 4%
Retired 20%
Homemaker/carer 2%
Prefer not to say 1%
Other, please specify


What is your current housing situation?
Owner-occupier 56%
Renting from a private landlord 17%
Renting from the council or a housing association 15%
Living with family or friends 9%
Living in temporary accommodation 1%
Homeless / no fixed address
Prefer not to say 2%

Appendix C

Data labels

Table 1. Data labels - Figure 1 and Figure 3

Label	Full survey option
Tickets for National Lottery draws	Tickets for National Lottery draws
Scratchcards	Scratchcards
Tickets for other lotteries, raffles, or charity draws	Tickets for other lotteries, raffles, or charity draws
Betting on sports and racing online / via an App	Betting on sports and racing online / via an App, including virtual sports/races and e-sports
Betting on sports and racing in-person	Betting on sports and racing in-person, e.g. at a bookmakers, including virtual sports/races and e-sports
Bingo played in person	Bingo played in person e.g. a bingo hall, social club
Fruit/slot games played online / via an App	Fruit/slot games played online / via an App
Bingo played online / via an App	Bingo played online / via an App
Casino games played online / via an App	Casino games played online / via an App e.g. Poker, Roulette, Blackjack
Fruit/slot machines played in-person	Fruit/slot machines played in-person
Private betting with e.g. friends, family, colleagues	Private betting with e.g. friends, family, colleagues
Casino games played in person	Casino games played in person e.g. Poker, Roulette, Blackjack
Videogame gambling	Videogame gambling e.g. loot boxes, random chance purchases, card packs
Betting on the outcome of events online / via an App	Betting on the outcome of events such as TV shows, elections online / via an App
Casino games played on a machine / terminal in person	Casino games (e.g. Poker, Roulette, Blackjack) played on a machine / terminal in person
Football pools	Football pools

Betting on the outcome of events in-person	Betting on the outcome of events such as TV shows, elections in-person
High-risk rapid trading	High-risk rapid trading e.g. cryptocurrency
Another form of gambling in the last 12 months	Another form of gambling in the last 12 months
Other - Write In (Required)	Other - Write In (Required)
None of the above	None of the above

Table 2. Data labels Figure 6

Label	Full survey option
Worrying about money	Worrying about money
Feeling worried, stressed, or low	Feeling worried, stressed, or low
Spending more money on gambling than you could afford	Spending more money on gambling than you could afford to lose
Arguments with family or friends	Arguments with family or friends
Feeling guilty, ashamed or embarrassed	Feeling guilty, ashamed or embarrassed
Difficulty sleeping	Difficulty sleeping
Neglecting physical or mental health	Neglecting physical or mental health
Drinking more alcohol than usual	Drinking more alcohol than usual
Feeling disconnected or isolated	Feeling disconnected or isolated from friends, family or community
Difficulty managing work or study	Difficulty managing work or study
Smoking or vaping more than usual	Smoking or vaping more than usual
Anti-social behaviour	Anti-social behaviour (convictions, legal problems, crimes committed, etc.)
None of the above	None of the above
Other - Write In	Other - Write In
Prefer not to say	Prefer not to say

Table 3. Data labels Figure 10

Label	Full survey option
Adverts on television	Adverts on television
Adverts online	Adverts online (websites, pop-ups, etc.)
Adverts on social media	Adverts on social media (YouTube, Facebook, Twitter, Instagram, TikTok, Twitch, etc.)
Sponsorship from gambling companies	Sponsorship from gambling companies (e.g. sports teams, events, TV programmes
Gambling apps	Gambling apps
Adverts on billboards, buses, etc.	Adverts on billboards, buses, bus stops, or public signage
Famous people or influencers	Famous people or influencers
Adverts on radio	Adverts on radio
None of the above	None of the above
Don't know	Don't know
Other - Write In	Other - Write In

Author: Pauline Trotry

Figure Check: Kathryn Allen, Rachel Harrison

Report Check: Rachel Gordon

Final Sign Off: Rachel Gordon